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Strategies Healthcare Leaders Use to Reduce Employee Burnout

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Walden University
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Abstract

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MHA, Excelsior College, 2017

BS, Excelsior College, 2016

Doctoral Study Submitted in Partial Fulfillment

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Doctor of Business Administration

Leadership

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Abstract

Healthcare workers are at an increased risk of being affected by burnout, which leads to decreased productivity, decreased job engagement, and increased organizational turnover. Employee burnout is a problem for healthcare leaders as burnout leads to decreased productivity and increased organizational turnover. The purpose of this qualitative multiple case study, guided by the job-demand resource theory, was to explore strategies healthcare leaders use to reduce employee burnout. Interviews were conducted with four healthcare leaders in the United States with at least 3 years of management experience who implemented strategies to reduce employee burnout at their organizations; a review of organizational documents augmented data collection. Thematic analysis resulted in four key themes: identify burnout in employees, implement a mentorship program, understand the state of your employee's well-being, and enhance the workplace environment. A key recommendation for healthcare leaders is identifying employee burnout using the Maslach Burnout Inventory and provide the necessary resources to support the employee. The implications for positive social change include the potential for healthcare leader's to reduce employee burnout, leading to reduced turnover in healthcare organizations and creating stability in the healthcare field.

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Dedication

I dedicate this study to my husband, Josh, who has stood by my side and supported my educational journey for so many years. I could have never completed this degree without you. Also, to our beautiful children, Aiden and Adalyn. I hope my hard work and dedication inspires you to always reach for the stars. I love you all so much!

Acknowledgments

I would like to thank all my family who have supported me along this journey and always believed in me. To my dear colleagues of Walden, thank you for always being there, your support will always be remembered. Thank you to Walden University, Dr. David Moody, and Dr. Kim Critchlow for your valuable feedback and guidance. A special thank you to my chair, Dr. Lisa Pearo, for her support, guidance, and mentorship throughout this process.

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Section 1: Foundation of the Study

Section 1 is the study's foundation and contains the background of the problem, problem statement, purpose statement, nature of the study, research question, interview questions, and conceptual framework. In this section, I provide the operational definitions, assumptions, limitations, and delimitations. I discuss the study's significance and provide a review of the professional and academic literature related to the business problem.

Background of the Problem

Healthcare leaders play a significant role in reducing employee burnout and the strategies they use could reduce the burnout experienced by their followers. Burnout currently affects healthcare organizations as it leads to decreased employee productivity and diminished quality of care for patients (Kearney et al., 2020). Employee burnout in healthcare is a current and pressing problem. Healthcare workers are at risk of being affected by employee burnout, leading to decreased productivity and high turnover rates for organizations (Olson et al., 2019). Leaders have a responsibility to manage employee burnout as up to 70% of nurses and up to 50% of physicians experience symptoms of burnout in the United States (Bridgeman et al., 2018; Shanafelt & Noseworthy, 2017). Research indicates that leaders can develop effective strategies to mitigate burnout resulting in increased employee productivity and improved quality of care for patients.

Healthcare organizations can benefit by having leaders who recognize the role they play in reducing employee burnout and be able to address them. Burnout among employees directly influences the organization's financial state (Han et al., 2019). An

employee suffering from burnout who does not receive support from their leaders is more likely to have turnover intentions (Tillman et al., 2017). Turnover is costly to organizations and leaders need to recognize the economic impact of burnout in a health care environment (Ellison, 2019). Previous researchers have revealed that approximately $4.6 billion a year, in physicians alone, is attributable to turnover and reduced productivity, which is a direct consequence of burnout in the United States (Han et al., 2019).

In addition to the financial implications of burnout to organizations, burnout can negatively affect healthcare employees' well-being, which may negatively affect patient outcomes (Shaikh et al., 2019). Previous researchers demonstrated a positive effect on patient safety outcomes with employees who were not experiencing high burnout levels in their job (Boamah et al., 2018). High levels of burnout among employees adversely affect clinical quality, patient experience, and cost of care (Knox et al., 2018).

The findings from this study may be valuable because turnover is costly to organizations and leaders play a role in recognizing burnout's economic impact in a health care environment (Ellison, 2019). This qualitative multiple case study focused on exploring the strategies some healthcare leaders use to reduce employee burnout. Burnout in healthcare deserves new research because, despite the plethora of research previously conducted on burnout, some healthcare leaders are not implementing strategies to reduce burnout.

Problem Statement

Healthcare workers are at risk of being affected by employee burnout, leading to decreased productivity and high turnover rates for organizations (Graystone, 2019). Leaders have the responsibility to manage employee burnout as up to 50% of healthcare providers experience symptoms of burnout in the United States (Shanafelt & Noseworthy, 2017). The general business problem is that employee burnout increases turnover among healthcare staff and negatively impacts organizational performance. The specific business problem is that some healthcare leaders lack strategies to reduce employee burnout.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies some healthcare leaders use to reduce employee burnout. The targeted population consisted of four healthcare leaders in the United States who demonstrated success in addressing effective strategies to reduce employee burnout. The implications for social change include the potential to reduce employee burnout which can lead to reduced turnover intentions in healthcare organizations. Reduced employee burnout and lower turnover rates can benefit communities by creating stability in the healthcare field and ensuring better health care for patients.

Nature of the Study

There are three research methods to consider: qualitative, quantitative, and mixed (Saunders et al., 2015). Qualitative methodology is the foundation for this study. Qualitative research is an approach that allows the researcher to study the participants'

meanings and the relationships that exist between them (Saunders et al., 2015). I selected the qualitative method to use open-ended questions and gain the perspectives of the participants. In contrast to the qualitative method, the quantitative method relies on researchers using closed-ended questions and examines relationships among variables, which did not fit the purpose of this study. Mixed method researchers utilize aspects of both quantitative and qualitative methods (Saunders et al., 2015). Mixed method research was not selected for this study because I did not need to examine relationships among variables. The qualitative method was best suited for this study's purpose. With the qualitative method, I explored strategies leaders are using to reduce burnout among healthcare workers, a process that required in-depth, open-ended questions.

I considered three research designs for a qualitative study to explore the strategies that healthcare leaders employ to reduce employee burnout. The three qualitative research designs include: (a) phenomenological, (b) ethnographic, and (c) case study. Phenomenological studies explore the personal meanings of several people's experiences surrounding a phenomenon (Hancock & Algozzine, 2017). The phenomenological study was not appropriate as I was not focused on the personal meanings of participants' lived experiences, but on strategies leaders are using. Ethnography involves researchers who study the social environment and culture of a group (Saunders et al., 2015). An ethnographic study was not suitable as I was not studying one particular group's culture. Case studies are an in-depth analysis of a case (Yin, 2017). The multiple case study method was chosen for this study as I explored leaders' strategies across multiple

healthcare organizations in the United States. Using a multiple case study allowed me to compare and contrast findings over a range of cases.

Qualitative Research Question

What strategies do healthcare leaders use to successfully reduce employee burnout?

Interview Questions

1. How do you define burnout within your organization?
2. How has employee burnout affected your organization?
3. How do you assess the effectiveness of your strategies for employee burnout?
4. How do you identify employees experiencing burnout in your organization?
5. How did you formulate the strategies you used to reduce employee burnout?
6. What strategies have you used to reduce employee burnout?
7. Which of these strategies proved to be successful?
8. What metrics have you used to track success of your strategies to reduce burnout?
9. How have your employees responded to your efforts to address burnout in your organization?
10. What additional information can you share related to the strategies you use to reduce employee burnout?

Conceptual Framework

Previous researchers identified job demands as being the leading cause of burnout (Bakker et al., 2014). To address the job demands that lead to burnout, Demerouti et al.

(2001) developed the job demands-resources (JD-R) model. According to the JD-R model, working conditions can be separated into two categories: job demands and job resources. Job demands refer to the pressures of everyday work-life that require physical and mental effort that can have psychological costs to an individual (such as burnout; Demerouti et al., 2001). Some examples of job demands are work overload, pressured deadlines, and client crises (Dreison et al., 2018). Job resources refer to any aspect of a job that enables an individual to achieve work goals (Demerouti et al., 2001). Some examples of job resources are supervisor support, autonomy, and opportunities for promotion (Dreison et al., 2018).

Schaufeli and Bakker (2004) created a revised version of the JD-R model 3 years after its development to include work engagement. Schaufeli and Bakker asserted that job demands will influence employee burnout, and job resources will influence employee engagement. There are four key components to the JD-R model (a) demands, (b) resources, (c) exhaustion, and (d) engagement (Schaufeli & Bakker, 2004). Job demands and job resources interact with one another to influence job burnout and job engagement for an employee (Schaufeli & Bakker, 2004). Job demands are known for being the leading causes of burnout and job resources are known for being the main reasons behind employee work engagement (Bakker et al., 2014). As applied to this study, the JD-R model allowed me to identify and explore the strategies leaders can use to reduce employee burnout by exploring the job demands affecting healthcare employees and identify job resources leaders can implement to reduce employee burnout.

Operational Definitions

Burnout: Burnout is a syndrome of chronic exhaustion causing a cynical, negative attitude regarding one's work, which results in decreased professional efficacy (Maslach & Leiter, 2016).

Job demands: Job demands are the physical, psychological, social, or organizational aspects of the job that require physical or psychological effort (Demerouti et al., 2001). Job demands can include intense work pressure and interactions with patients and coworkers that are emotionally demanding (Bakker & Demerouti, 2017).

Job resources: Job resources can be anything that will help an employee attain their goals. Job resources can include professional development, supervisor support, autonomy, and frequent positive feedback (McCormack et al., 2018).

Turnover intentions: Turnover intentions is the act of an employee thinking about terminating their employment and/or intending to search for another employment opportunity (Shareef & Atan, 2019).

Turnover: Turnover is the act of an employee terminating their employment with an organization (Shareef & Atan, 2019).

Work engagement: Work engagement refers to an employee having a positive, dedicated state of mind to one's work (Lesener et al., 2018).

Assumptions, Limitations, and Delimitations

Assumptions

An assumption is a fact a researcher believes to be true even though the fact cannot be confirmed (Schoenung & Dikova, 2016). All researchers make assumptions

during their research, whether they are aware of them or not. Well thought out assumptions create a credible research philosophy (Saunders et al., 2015). This research study contained several assumptions. The first assumption was that all the participants provided honest responses to the interview questions. I further assumed the participants would have enough knowledge of burnout to answer each interview question posed to them effectively. Additionally, I assumed that leadership strategies would positively or negatively impact how employees experience burnout with their work.

Limitations

Limitations represent things out of the researcher's control but are a potential weakness in the study (Lunsford, 2019). One limitation of this study could be the findings representing only the views of the healthcare leaders who participated and not their followers. Furthermore, this study's conclusions may not be relevant to leaders outside the realm of healthcare. A second limitation is the use of particular healthcare leaders rather than interviewing the entire organization. This could be a limitation because the strategies identified as significant are the healthcare leaders' experiences and not the experiences of their employees.

Delimitations

Delimitations are choices the researcher makes regarding the scope and the bounds of the study that may affect the results (Lunsford, 2019). The scope of the study was a qualitative inquiry into strategies healthcare leaders use to reduce employee burnout. The bounds of the study were delimited to healthcare leaders in the United States. The study's focus was on the experiences of four leaders who had at least 3 years

of management experience in healthcare. The study is also delimited to the small sample size as it is a challenge to find healthcare leaders utilizing strategies focused on reducing burnout in their organization. Another delimitation is my geographical location in Guam and inability to conduct face-to-face interviews with participants. Instead, interviews were conducted through a virtual conferencing setting. Furthermore, the interview process can be time-consuming and burdensome to participants which may have negatively influenced the responses received and the full participation level. However, all participants were informed of the time constraints before gaining their participation.

Significance of the Study

My doctoral research business problem is significant because leaders must recognize the role they play in reducing employee burnout and be able to address factors leading to burnout. Burnout among employees directly influences the financial state of the organization (Han et al., 2019). An employee who is suffering from burnout and does not receive support from their leaders is more likely to have turnover intentions (Tillman et al., 2017). Turnover is costly to organizations and leaders need to recognize the economic impact of burnout in a health care environment (Ellison, 2019). Previous researchers have revealed, in physicians alone, approximately $4.6 billion a year is attributable to turnover and reduced productivity which is a direct consequence of burnout in the United States (Han et al., 2019).

In addition to the employee's mental health, leaders have a responsibility to reduce burnout in their organization to increase patient safety outcomes and avoid derivative legal costs. When healthcare employees are experiencing burnout, they are not

able to give all of themselves to their organizations and their patients. Previous researchers have demonstrated a positive effect on patient safety outcomes with employees who were not experiencing high levels of burnout in their job (Boamah et al., 2018). High levels of burnout among employees adversely affect clinical quality, patient experience, and the patients' cost of care (Knox et al., 2018), therefore reducing healthcare employee turnover is expected to concurrently reduce healthcare costs and increase the quality of care.

A Review of the Professional and Academic Literature

The purpose of this qualitative multiple case study was to explore strategies some healthcare leaders use to reduce employee burnout. In the literature review, I analyzed and synthesized current literature. The literature I analyzed came from books and peer-reviewed articles. I accessed peer-reviewed articles through the Walden University Library and Google Scholar. I gathered a plethora of information about burnout from academic and professional research. Information was located in the following databases: ProQuest, EBSCOhost, SAGE, ScienceDirect, Directory of Open Access Journals (DOAJ), ERIC, Google Books, PubMed, Academic Search Complete, and Business Source Complete. Some keywords used to help identify relevant literature included *burnout, healthcare burnout, burnout costs, physician burnout, nurse burnout, employee turnover, employee retention, job satisfaction, job dissatisfaction, job demands, job resources,* and *JD-R theory*.

The majority (90 of 94 sources or 96%) of the literature review is comprised of peer-reviewed articles. Of the peer-review articles utilized, 85% (76 of 90 sources) were

published between 2017 and 2021. The literature is structured first to discuss the conceptual framework with proceeding sections to discuss the research problem and strategies developed from previous literature. After introducing the JD-R theory, I will discuss burnout and healthcare burnout, the Maslach Burnout Inventory, causes of burnout, effects of burnout, and strategies to reduce burnout. Next is a comprehensive analysis of the JD-R theory, the conceptual framework for this study.

Job Demands-Resources Theory

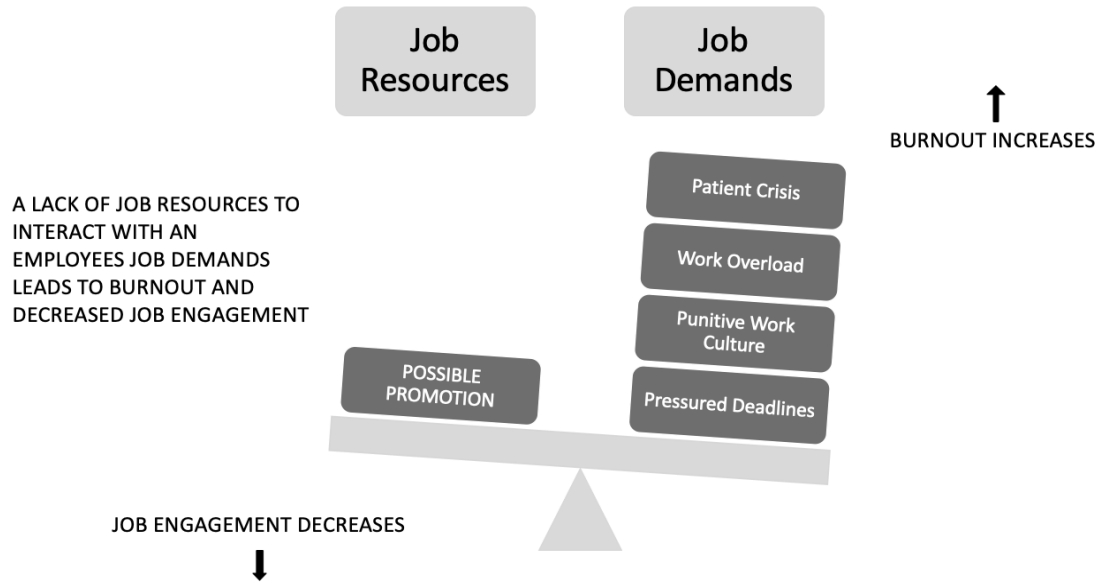
Previous researchers identified job demands as the leading cause of burnout (Bakker et al., 2014). Demerouti et al. (2001) developed the JD-R model to address the job demands that lead to burnout. According to the JD-R model, working conditions are separated into two categories: job demands and job resources. Job demands refer to the pressures of everyday work-life that require physical and mental effort, both of which can have psychological costs to an individual (such as burnout; Demerouti et al., 2001). Some examples of job demands are work overload, pressured deadlines, and patient crises (Dreison et al., 2018). Job resources refer to any aspect of a job that enables an individual to achieve work goals (Demerouti et al., 2001). Some examples of job resources are supervisor support, autonomy, and promotion (Dreison et al., 2018). Job resources are personal to each individual and can vary among employees.

Schaufeli and Bakker (2004) created a revised version of the JD-R model 3 years after its development to include work engagement. Schaufeli and Bakker asserted that job demands influence employee burnout, and job resources influence employee engagement. There are four key components to the JD-R model (a) demands, (b) resources, (c)

exhaustion, and (d) engagement (Schaufeli & Bakker, 2004). Job demands and job resources interact with one another to influence job burnout and job engagement for an employee (Schaufeli & Bakker, 2004). Job demands are known for being the leading causes of burnout, and job resources are known for being the main reasons behind employee work engagement (Bakker et al., 2014). Below is an image demonstrating the relationship between job demands, job resources, burnout, and job engagement.

Figure 1

Job Demands-Resources



Note. This figure demonstrates a proposed risk for an employee with increased job demands and insufficient job resources.

The creators of the JD-R model suggested burnout develops in workers when their job demands are high, and their job resources are low (Demerouti et al., 2001). Within the model, there is the assumption all aspects in one's work environment can be

categorized as either being a job demand or a job resource that will positively or negatively affect the employee's engagement with their work (Borst et al., 2019). When an employee is faced with high job demands and limited job resources, their energy becomes depleted. An employee with depleted energy will begin to lose motivation (Demerouti et al., 2001). The JD-R model can be used to predict job burnout, organizational commitment, and work engagement. The JD-R model can also indicate the consequences of burnout, such as increased absenteeism and decreased job performance. Because of all the studies conducted on the JD-R model, the new propositions, and the several meta-analyses, the model maturated into a theory. With the JD-R theory, one can understand and make predictions about an employee's well-being and job performance. An employee's well-being is centered around their level of burnout, health, motivation, and work engagement (Bakker & Demerouti, 2017). The JD-R theory is essential to understanding one's well-being and assessing whether the job resources are sufficient to handle the job demands.

The JD-R model has been used in thousands of organizations and enthused hundreds of researchers (Bakker & Demerouti, 2017). One reason for the JD-R theory's popularity is its flexibility (Bakker & Demerouti, 2017). Per Dreison et al. (2018), somebody can categorize every condition within an organization as a job demand or a job resource. Bakker et al. (2014) asserted job demands are the leading cause of employee burnout, which is directly correlated to poor health and adverse organizational outcomes. Job resources are the driving force to employees' work engagement, directly affecting positive results within an organization and the employee's overall well-being (Bakker et

al., 2014). These studies support the JD-R theory as a useful model to identify job demands that lead to burnout and job resources that increase work engagement.

Job demands do not only have negative consequences. Job demands are not always negative because job demands are a part of one's work. However, Dreison et al. (2018) discussed how there is limited progress in reducing employee burnout. Job demands should not always be looked at as problematic considering job demands, such as work overload, are an inevitable part of work-life in healthcare (Dreison et al., 2018). Hakanen and Bakker (2017) suggested burnout is decreased when employees have challenging job demands that become barriers to the employee performing their job. Job resources can include gaining support from coworkers and supervisors, increased autonomy with decision-making, and professional development and growth opportunities. These job resources can increase an employee's engagement with their work and decrease the energy they deplete. Job resources are critical for reducing burnout (Dreison et al., 2018). It is crucial for employees to correctly identify their job demands and job resources to reduce their risk of experiencing burnout.

Identifying personal resources is essential in reducing burnout because burnout is reduced when an employee has access to sufficient job resources and has a supply of personal resources (Hakanen & Bakker, 2017). The JD-R model is one of the most valuable frameworks to investigate the relationship between job characteristics and employee well-being (Lesener et al., 2018). Per Hakanen and Bakker (2017), there are two possible routes to take with the JD-R theory to minimize burnout. The first route focuses on a top-down approach where management utilizes human resource

management (HRM) measures to enhance the work environment. Within this first route, management can train leaders to apply a transformational leadership style and provide their subordinates with the appropriate job resources. The second route is to take a bottom-up approach and encourage employees to independently optimize their work environment (Hakanen & Bakker, 2017). Evaluating which route to consider within an organization is essential because, per McCormack et al. (2018), the work setting and an employee's workload are the most common job demands that contribute to burnout.

Several seminal studies focused on validating the JD-R model as a tool for identifying the factors leading to burnout. Bakker and Demerouti (2017) conducted a longitudinal study and found evidence of causal effects between well-being, resources, and job demands. Additionally, Lesener et al. (2018) used longitudinal evidence to validate the assumptions of the JD-R model. Their findings suggested the JD-R model serves as an excellent theoretical basis to assess the state of an employee's well-being. Furthermore, Guglielmi et al. (2019) conducted a two-wave longitudinal study on a sample of healthcare professionals working in a rehabilitation hospital and contributed to ongoing research on the JD-R model by confirming the need for personal resources to promote an employee's engagement level. Van der Heijden et al. (2019) conducted quantitative research on the impact of job demands and resources on nurses' burnout and turnover intentions. Van der Heijden et al's outcomes indicated that while increasing job resources is effective to reduce burnout, the greatest impact is decreasing the job demands for the employee. As noted from these studies, the JD-R theory is a useful

model to identify job demands that lead to burnout and job resources that increase work engagement.

Alternative Theories

The conservation of resources (COR) is an alternative theory to the JD-R theory that focuses on motivation. Hobfoll described the need for people to protect their resources and obtain new resources (Hobfoll, 1989). People who do not have sufficient resources are more susceptible to emotional exhaustion (Liu et al., 2019). Prapanjaroensin et al. (2017) elaborated on the COR theory and described how burnout is a consequence for people who have resources that are threatened or lost. The COR theory explains losing a resource or having a resource threatened is harmful to a person and adds to their risk of experiencing burnout (Prapanjaroensin et al., 2017).

The two-factor theory is another alternative theory to the JD-R theory. In 1959 Frederick Herzberg proposed the two-factor theory (Herzberg et al., 1959). Herzberg argued an employee's satisfaction within the workplace is linked to the employee's motivation **(**Needleman, 2017). There are two factors to the theory: extrinsic (hygiene) and intrinsic (motivation). The motivation factors are critical to leaders as those are the factors that explain employee behavior and satisfaction. The hygiene factors are of equal importance because they explain an employee's dissatisfaction with their work (Hur, 2018).

The COR theory and the two-factor theory are both acceptable and well-researched theories to use for researching burnout. I did not choose them as I found the JD-R theory to best support the research being conducted in this study as it focuses on

identifying both your job demands and your job resources to prevent burnout. One of the reasons I did not choose the COR theory is because a person has to wait until after an event occurred to recognize the event to be a stressful situation (Hobfoll et al., 2018). One of the reasons I did not choose the two-factor theory is because the theory focuses on satisfaction and dissatisfaction existing in only the hygiene or the motivating factors. Critics of the two-factor theory argued satisfaction or dissatisfaction can be found in both the motivating and hygiene factors (Özsoy, 2019). Healthcare workers are prone to significant job demands that leaders cannot always eliminate due to the nature of the work which is why the JD-R theory is essential to this study. It is important for healthcare workers to identify both their job demands and their job resources so they can manage their resources to prevent burnout from occurring. The next section of this literature review will focus on burnout.

Burnout

Burnout is a syndrome researched for decades by scholars. Freudenberger (1974) introduced the term burnout into literature and defined it as a state of fatigue or frustration developed from professional relationships not producing the desired results. Maslach (1982) further added to the work of Freudenberger by defining burnout as a psychological syndrome with three components: emotional exhaustion, depersonalization, and reduced personal accomplishment affecting professionals who work in challenging environments. People who continuously work with clients in high-stress circumstances are susceptible to chronic stress that is emotionally draining and leads to burnout (Maslach, 1982). Maslach suggested burnout leads to a deterioration in

the quality of care provided by clinicians. Job turnover, absenteeism, and low morale are the direct consequences of burnout. Further, burnout was associated with various personal dysfunctions including personal exhaustion, insomnia, increased use of alcohol, and marital and family problems (Maslach, 2017). Some other symptoms of burnout include isolation from work-related activities, decrease in work performance, lack of apathy, easily frustrated, and irritability (Thomas et al., 2019). Roux and Benita (2020) discussed the importance of identifying burnout early to help reduce stress among employees and strengthen their resiliency. Identifying burnout in the early stages can be difficult as the healthcare professional primary focus is caring for their patients (Roux & Benita, 2020). Thomas et al. (2019) supported how difficult it can be to identify early stages of burnout by discussing how healthcare professionals may be aware of burnout but do not recognize the symptoms in their own life. Maslach conceptualized burnout as a three-dimensional syndrome (Maslach, 1982), including emotional exhaustion, depersonalization, and reduced personal accomplishment.

Exhaustion

Exhaustion is the most common effect of burnout and contributes to individuals being distant from their work as they cope with their work overload. Emotional exhaustion results from an employee losing their highly valuable job resources (Ferreira et al., 2019). Ferreira et al. (2019) explained exhaustion has a causal relationship with performance over time. A person's emotional exhaustion may predict the employee's level of decreased productivity and the risk of the employee having long-term and short-term sickness. When someone is exhausted, they rely on compensation strategies, which

ultimately increases exhaustion symptoms (Ferreira et al., 2019). Lebrón et al. (2018) discovered in their research that emotional exhaustion could lead to decreased productivity, job satisfaction, and organizational commitment. Lebrón et al. (2018) research further showed that an emotionally exhausted employee feels under-compensated and will begin engaging in corporate deviance within their organization. Koon and Pun (2018) determined that high job demands lead to emotional exhaustion, which, in return, leads the employee to experience a decrease in their job satisfaction. Exhaustion is the most common indication of burnout and is harmful to the employee and the organization. Leaders should understand the importance of providing employees with job resources valuable to them.

Depersonalization

Depersonalization is an effect of burnout referring to an individual becoming callous, emotionally hardened, and detached from patients (Larsen et al., 2017). Couser and Agarwal (2019) described depersonalization as a person being so detached and not caring; sufferers view people as objects. Considering healthcare is emotionally challenging and requires significant empathy, depersonalization can have severe consequences for healthcare organizations (Shaikh et al., 2019). A healthcare professional who is experiencing depersonalization may be cold to their patients, affecting patient outcomes. Depersonalization is another reason why leaders should focus on their employee's emotional well-being.

Reduced Personal Accomplishment

Reduced personal accomplishment is the last dimension of burnout causing individuals to have feelings of ineffectiveness in helping their patients and a lack of value in the results they obtain for their work-related activities (West et al., 2018). Arnold (2017) conducted research showing transformational leaders positively affected how an employee experiences personal accomplishment as the transformational leader is motivated to increase their followers' success. Reduced personal accomplishment is damaging to the employee experiencing it and the organization. When employees feel they are no longer effective in treating their patients, they cannot fulfill their job responsibilities.

Burnout in Healthcare

While burnout can occur in any occupation, the focus of this research is burnout within the healthcare industry. Healthcare leaders face significant challenges as they have to manage increasing price competition, increased number of patients with noncommercial insurance, and an increasingly exhausted workforce (Shanafelt & Noseworthy, 2017). Burnout develops secondary to problematic relationships between employees and their workplaces (Couser & Agarwal, 2019). Burnout among physicians is dramatically higher than that of U.S. workers employed in fields other than healthcare. Over the past decade, burnout has continuously been rising (Shanafelt & Noseworthy, 2017). Shanafelt and Noseworthy (2017) noted that 50% of US physicians are experiencing professional burnout. Bridgeman et al. (2018) reported that up to 70% of nurses and up to 50% of physicians and mid-level providers experience burnout. Eliacin

et al. (2018) found that up to 67% of mental health providers experience high burnout levels. Kearney et al. (2020) asserted that an estimated 68% of doctors in the US meet the requirements of experiencing burnout. These studies together support the necessity for healthcare leaders to take burnout seriously.

Healthcare leaders rely on their providers to be resilient, engaged, and always striving to improve quality (Shanafelt & Noseworthy, 2017). This can be incredibly challenging for leaders when dealing with a workforce experiencing burnout secondary to prolonged stress at work (Hakanen & Bakker, 2017). Burnout is currently affecting healthcare organizations as it leads to decreased employee productivity and diminished quality of care for patients (Kearney et al., 2020). Eliacin et al. (2018) research linked provider burnout to poor quality of care, negative feelings towards patients, and decreased patient recovery expectations. McKee et al. (2020) conducted a study to determine whether a correlation existed between physician burnout and patient experience. The researchers found patients had a more positive experience if their provider experienced lower physician burnout levels. Patient experience is critical in healthcare, as evidence shows that patients who have better care experiences are more likely to adhere to physician recommendations. Therefore, interventions targeted to improve patient experience should also focus on interventions to reduce physician burnout (McKee et al., 2020).

Measuring Burnout: The Maslach Burnout Inventory

The Maslach Burnout Inventory (MBI) is a widely known tool for measuring burnout. As previously discussed, Maslach's research added to the work of burnout by

defining burnout as a psychological syndrome. Because of this research, Maslach developed MBI as an instrument to assess burnout. The MBI assesses the three key constructs to burnout (a) emotional exhaustion, (b) depersonalization, and (c) reduced personal accomplishment (Maslach, 1982). MBI is an acknowledged tool to measure burnout in research. The factorial reliability and validity of the MBI were authenticated across various occupations and cultures (Doulougeri et al., 2016).

The MBI provides scores for the individual on every one of the three categories representing either low, average, or high burnout levels. A high degree of burnout is seen with a high score in the emotional exhaustion and depersonalization subscale and a low score in the personal accomplishment subscale. The developers of the MBI stated the tool was not created to be a diagnostic tool; instead, it was designed to be a research tool. However, MBI continues to be utilized as a clinical tool. (Doulougeri et al., 2016). Doulougeri et al. (2016) recommended that MBI not be used to diagnose burnout due to the high probability of over-diagnosing burnout. The researchers argue that when using the MBI as a medical diagnosis tool, it treats burnout as a unidimensional concept that forces all focus on emotional exhaustion. The above section discussed what burnout is. The next section will explain some of the causes of burnout.

Causes of Burnout

A great number of factors influence burnout in employees. Previous researchers identified job demands as the leading cause of burnout (Bakker et al., 2014). Bakker et al. (2014) asserted that job demands are the leading cause of employee burnout, directly correlated to poor health and adverse organizational outcomes. Job demands refer to the

pressures of everyday work-life that require physical and mental effort, which can have psychological costs to an individual (such as burnout) (Demerouti et al., 2001). Some examples of job demands are work overload, pressured deadlines, and client crises (Dreison et al., 2018). McCormack et al. (2018) asserted the work environment and an employee's workload to be the most common job demands that contribute to burnout. Per Demerouti et al. (2001), burnout develops in workers when their job demands are high and their job resources are low. Colon et al. (2020) verified how physician training affects employee burnout. Colon et al. found when employees have been trained to have pressured time demands, they carry that into their current work environment and leaders should recognize the high demands of healthcare professionals so they can be present for them, support them, and help to alleviate their stress. When an employee is faced with high job demands and limited job resources, their energy becomes depleted. The employee with depleted energy will begin to lose motivation (Demerouti et al., 2001). This is a pressing issue considering in the United States, over half of all physicians experience symptoms of burnout (Reith, 2018). Below is a discussion regarding specific external factors that cause burnout.

Work Environment

An employee's work environment is a critical factor in their development of burnout. McCormack et al. (2018) asserted the work environment to be one of the most common job demands contributing to burnout. The leader's actions have the most influence over the work environment (Lewis & Cunningham, 2016). The leader will set the tone for creating an environment that is prone to burnout or prone to increased

engagement and healthy relationships (Couser & Agarwal, 2019). Work environments that are not compassionate, lack communication, and do not provide support are more stressful and more likely to cause burnout (Boamah et al., 2018).

Health care leaders play a pivotal role in the work environment as their behavior influences the culture. Health professionals who have consistent work environment stressors such us emotional or physical demands, pressured time constraints, long working hours, and unsupportive leaders are more prone to absenteeism and turnover due to burnout (Peter et al., 2020). The work environment can put significant job demands on healthcare workers. When employees perceive their work environment to be supportive and they have managerial motivation, burnout rates will be lowered, and employees will present with higher job satisfaction (Copanitsanou et al., 2017). Promoting a positive work culture can have positive impacts on the work environment and ease the burdens health care workers face.

Areas of Work Life

When a leader does not pay attention to the six areas of work life, burnout results. Leiter and Maslach (2003) identified six areas to be relevant factors to identify different relationships with one's work. The six work life areas include workload, control, reward, community, fairness, and values (Leiter & Maslach, 2003). Workload plays a critical role in burnout. To meet the demands of a job, employees need to have resources. If the employee is faced with more demands than they have resources for, it can lead to increased emotional exhaustion levels (Jiménez et al., 2017). Control is a cause of burnout when the leader does not provide employees with the autonomy, they desire to

do their job. A reward is a cause of burnout when the leader does not recognize the work their employees produce. Community is a cause of burnout when the leader does not provide their employees with a support system. Fairness is a cause of burnout when the leader does not provide consistent and fair staff processes. Values are a cause of burnout when the leader cannot align the company's values to the organization and the employee (McFadden et al., 2018). Strategies to reduce burnout related to the six areas of work life are discussed in the Strategies to Reduce Burnout section of this literature review.

Shortage of Healthcare Professionals

The current shortage of healthcare professionals causes increased pressure on the existing healthcare professionals employed in an organization. This pressure increases the existing healthcare professionals' risk of experiencing burnout, which increases the potential for the employee to have turnover intentions (Kearney et al., 2020). Eliacin et al. (2018) stated staff shortages are causing additional stress to employees secondary to having to take on excessive workloads. Reith (2018) discussed how the burnout epidemic is exacerbating the current shortage of physicians. Combating burnout and reducing turnover is a priority of leaders to prevent the shortage of healthcare professionals.

Electronic Health Records

Electronic health records (EHR) have been well researched for being a cause of stress to physicians, which increases their risk for burnout. Adler-Milstein et al. (2020) conducted a study to determine if electronic health records were associated with either or both components of clinician burnout: exhaustion and cynicism. Data were collected in early 2018 from primary care clinics, with a 94% response rate (122 of 130 clinicians).

The findings revealed that 34% of clinicians had high cynicism, and 51% had high emotional exhaustion. Adler-Milstein et al.'s research is significant as the cost of turnover per physician is estimated to be between five-hundred thousand to one million dollars, which can leave an organization to suffer substantial financial loss (Olson et al., 2019).

While the EHR purpose was to modernize and streamline charting, it has come with a cost. Physician burnout rates are continuously rising (Downing et al., 2018). Clinical notes have doubled in length and providers are spending more time charting instead of treating patients (Downing et al., 2018). Providers are frustrated with the lack of ease of using EHR's and the increase in documentation they must complete due to changing regulations. Providers are already at increased risk of stress secondary to the nature of their work and the hurdle of the EHR adds to their symptoms of burnout (Melnick et al., 2020).

The EHR has been well researched as being a cause of stress to physicians. Leaders have a responsibility to acknowledge and address the stress brought to staff secondary from using the EHR. Strategies to address the challenges of the EHR will be discussed further down in this literature review. The above section discussed some of the causes of burnout to include job demands, work environment, areas of work life, shortage of healthcare professionals, and electronic health records. The next section will discuss the effects of burnout.

Effects of Burnout

An employee's well-being is critical to a successful workforce. Bakker and Demerouti (2017) discussed an employee's well-being as being centered around their level of burnout, health, motivation, and work engagement. Job turnover, absenteeism, decreased job performance, and low morale is the direct consequences of burnout. Further, burnout correlated with various personal dysfunctions to include personal exhaustion, insomnia, increased use of alcohol, and marital and family problems (Maslach, 2017).

Burnout is currently affecting healthcare organizations as it leads to decreased employee productivity and diminished quality of care for patients (Kearney et al., 2020). Eliacin et al.'s (2018) research linked provider burnout to poor quality of care, negative feelings towards patients, and decreased patient recovery expectations. Couser and Agarwal (2019) identified that organizations are experiencing the effect of burnout through an increase of dissatisfied patients, malpractice suits, medical errors, decreased productivity, and increased staff turnover. Some of the direct consequences of burnout for the employee and the organization are discussed below, such as safety concerns of burnout, turnover intentions and turnover, and organizational costs of burnout.

Safety

In recent years, burnout gained increasing attention from researchers and healthcare professionals. The World Health Organization (WHO) just recently accepted burnout as a recognized diagnosis. WHO has also included burnout in the International Classification of Diseases (ICD-11) handbook, citing it to be a syndrome that results from

a person experiencing chronic workplace stress that has not been successfully managed. In the United States, there are approximately 100,000 preventable fatalities occurring each year. There are consequences to fostering a healthcare organizational environment that is prone to burnout. Organizations will experience an increase in adverse effects on patient satisfaction and medical errors. The healthcare professional's family relationships are strained. Some professionals turn to substance abuse and experience early mortality rates (Koyle, 2020).

One of the most alarming safety concerns related to the effects of burnout is the issue that suicide risks increase for a healthcare professional experiencing burnout (Koyle, 2020). Physicians take their own lives twice as much as the general population and at a higher rate than any other professional (Stewart et al., 2019). Leaders should be aware there are similarities between burnout and depression, which also associates burnout with suicidality. However, burnout and depression are independent of one another. Roux and Benita (2020) identified the similarities between burnout and depression and how they can appear simultaneously to each other. Roux and Benita asserted that while they sound similar, they’re independent of each other. Roux and Benita stated that burnout is related to work activities while depression encompasses the individual’s personal life as well**.**

Tavella and Parker (2020) observed similar findings stating the findings from their thematic qualitative analysis suggested distinct differences between burnout and depression. There is an ethical and moral need to address burnout as physician burnout leads to alcoholism, broken personal relationships, and physician suicide (Shanafelt &

Noseworthy, 2017). In addition to moral reasoning, there is a business need to reduce physician burnout and promote physician engagement as burnout negatively impacts the continuity of care.

Workplace injuries secondary to the effects of burnout can have detrimental impacts on healthcare organizations and patients. Zadow et al. (2017) conducted a quantitative study examining organizational climate and worker emotional exhaustion (psychological health) to see how it would affect workplace injuries. The researchers found that emotional exhaustion was the strongest predictor of workplace injuries in healthcare workplaces (Zadow et al., 2017).

Accidents and errors in the hospital are the third leading cause of death in the United States. Further, these accidents and errors cost the nation up to $186 billion on an annual basis. Zadow et al. (2017) found that the safety climate and the professional's emotional exhaustion was the strongest predictor of injuries from the data. Tawfik et al. (2018) conducted a quantitative study to evaluate physician burnout, well-being, and work unit safety, finding that physician burnout, fatigue, and work unit safety were associated with significant medical errors. The researchers utilized a cross-sectional survey of United States physicians currently practicing medicine. Six thousand five hundred eighty-six physicians participated, and the results revealed that physician burnout, fatigue, and work unit safety were associated with significant medical errors. This article relates to this study as it shows that interventions to reduce medical errors could include addressing physician well-being and work unit safety.

Hall et al. (2016) conducted a systematic review to determine whether there is an association between healthcare professionals' wellbeing and burnout and patient safety. The researchers conducted 46 studies across 16 different countries, with a large portion in the United States. The studies were divided with 19 measuring burnout, 16 measuring wellbeing, and 11 measuring both burnout and wellbeing. The results showed a correlation between poor wellbeing and worse patient safety in 59% of the studies reviewed. The poor safety outcomes included issues such as medical errors (Hall et al., 2016). There were five studies examined that did not reveal any correlation between wellbeing and patient safety. Of those five studies, one was only a pilot study with a small sample size. Similar to the wellbeing findings, the burnout findings revealed that 70% of the studies found an association between burnout and increased medical errors. There were five studies reviewed that did not find an association between burnout and error. However, in those studies, the researchers only used the emotional exhaustion subscale of the MBI and described burnout as stress in the context of the survey.

Lawson (2018) offered a different point of view to Tawfik et al. (2018). He asserted that burnout is not an indicator of medical errors based on his review of Hall et al. (2016) research. Lawson discussed the discrepancies between the articles and explained that providers who are experiencing burnout are more apt to report medical errors because they are more self-critical than those who do not experience burnout. Per Lawson, providers experiencing burnout do not make more medical errors than those who do not experience burnout.

On the other hand, Garcia et al. (2019) found that professionals who experience higher levels of burnout have a higher number of patient and family complaints, higher safety concerns, and a higher number of patient reports of dissatisfaction regarding the care they received. Garcia et al. researched the influence of burnout on patient safety through a systematic review using PubMed and Web of Science databases. Garcia et al. suggested the large cases of burnout in employees strengthens the need for interventions for burnout with a focus on preventing professional exhaustion from occurring. Garcia et al.'s study supports the need for this study as the findings found evidence that organizations need to be concerned with employee well-being as a strategy to improve patient safety outcomes. Workplace injuries cost an extraordinary amount of money to our nation and have detrimental outcomes for patients. When addressing workplace injuries, leaders should not only look at the effects of the safety climate, still they should also look at the healthcare professionals and address the emotional exhaustion they are experiencing.

Turnover Intentions and Turnover

Turnover intentions are when the employee considers leaving their job, and turnover is when the employee leaves their position (Shareef & Atan, 2019). Turnover intentions and turnover are a consequence of burnout. There is a significant amount of current research linking burnout, turnover intentions, and turnover. Turnover intentions are our best proxy for turnover (Kelly et al., 2021) and should be understood by healthcare leaders.

Chang et al. (2018) researched the effects of burnout on turnover and their findings associated burnout with nurse turnover. Chang et al. found when nurses leave the profession, patient outcomes may be affected in addition to increased organizational costs. Chen and Chen (2018) stated that emotional exhaustion is directly associated with absenteeism and turnover intentions from their research surveying over 800 nurses. Couser and Agarwal (2019) reviewed recent literature focused on physician burnout and advised that organizations are experiencing the effect of burnout through an increase of dissatisfied patients, malpractice suits, medical errors, decreased productivity, and increased staff turnover.

High turnover intentions among nurses have become a significant concern in the past decade. This turnover results in increased costs to the organization and impacts the organization's ability to meet patient care needs (Kelly et al., 2021). A shortage of nurses is not only a problem in the United States but is a global issue. Burnout and turnover are being seen in many nations, affecting the individual involved, the organization, and patient outcomes. Occupational stress is a frequent predictor of employee burnout and a strong predictor an employee will have turnover intentions (Lee et al., 2016). Scanlan and Still (2019) asserted that job satisfaction, turnover intentions, and burnout are inter-correlated. Burnout causes the employee to lose their commitment to their organization, which increases their turnover intentions and decreases patient satisfaction (Lee et al., 2016). Healthcare leaders should be aware of the rippling effect burnout has on the organization.

Physicians who suffer from burnout cause financial implications to the organization they work for, as they are more likely to have turnover intentions and make mistakes during treatment and documentation (Nabi, 2019). Olson et al. (2019) determined burnout has been correlated to the fact that one in five physicians plan to minimize their clinical work or even leave medicine altogether. Han et al. (2019) discussed turnover with physicians stating a physician experiencing burnout is more likely to reduce working hours or even leave medicine entirely. Previous research is clear that turnover can be a direct consequence of burnout and have profound financial implications for organizations. Addressing burnout, which will affect turnover intentions and turnover, should be a priority to the leader.

Understanding the impact burnout has on turnover is critical for healthcare leaders as the nursing shortage is a significant challenge for human resource professionals (Chang et al., 2018). In addition to the staffing challenges, high turnover rates significantly impact the financial health of organizations and the quality of care patients receive (Wei et al., 2019). Healthcare leaders should be aware of their employee's intent to leave their job to minimize further turnover within their organizations. Below is a discussion on the organizational costs of burnout.

Organizational Cost

Burnout does not just have detrimental effects on the healthcare provider experiencing symptoms. Burnout has a rippling effect trickling down to the patients and the organization itself. Burnout is an obstacle for leaders as physicians who are experiencing burnout are proactively looking to cut back on their clinical hours or decide

to stop practicing medicine altogether (Olson et al., 2019). Burnout is critical to combat as it effects 39.8% of physicians (Couser & Agarwal, 2019). Health care employees who work in organizations with frequent turnover force their employees to work short-staffed and increase the fatigue they experience while at work (Eliacin et al., 2018).

Eliacin et al. (2018) found burnout is the main reason for the high organizational costs resulting from provider turnover and increased absenteeism. Han et al. (2019) conducted a cost-consequence analysis using a mathematical model to estimate costs associated with physician turnover and physicians reducing their hours secondary to burnout. Han et al.'s quantitative study is based in the United States and revealed every year, $4.6 billion nationwide is spent in costs that have a direct relation to physician turnover and reduced clinical hours worked secondary to burnout. In addition to the $4.6 billion spent nationwide on physician turnover and reduced clinical hours, $120 billion per year is spent nationwide collectively on the problems associated with burnout such as decreased health (Estévez-Mujica & Quintane, 2018). Shanafelt and Noseworthy (2017) reviewed the literature and discussed the cost of having to replace a physician is estimated to be up to three times the physician's annual salary. If the provider does not leave the organization, their productivity is affected, and their decreased productivity ends up costing the organization money (Shanafelt & Noseworthy, 2017). On the other hand, Olson et al. (2019) stated burnout can cost healthcare organizations five-hundred thousand to one million dollars per physician lost. Grow et al. (2019) stated there is evidence that costs are even higher than the above quotes when one considers the effects of patient outcomes. High rates of stress among providers are directly related to higher

malpractice claims (Grow et al., 2019). These studies are consistent with this research study as the researchers found evidence of the economic value of burnout. The economic value of burnout is significant because it reinforces the need for organizations to create policy and organizational expenditures for burnout reduction programs.

These profound numbers place critical attention on the crisis burnout can cause to an organization. More physicians are currently working in hospitals than are in private practice, putting even more demand for health care leaders to tackle the burnout crisis within healthcare organizations (Olson et al., 2019). The financial implications of burnout are astonishing and should be taken seriously by healthcare leaders. Burnout not only costs the organization money but poses significant safety risks to the healthcare professional experiencing burnout and the patients they are treating. The above sections explained the causes and effects of burnout. The below section will discuss the strategies to reduce burnout.

Strategies to Reduce Burnout

Healthcare today is demanding, and places increased pressure on leaders and employees. Healthcare leaders are faced with unique challenges such as dealing with insurance companies, price competition for services performed, and an influx of Medicare and Medicaid patients (Shanafelt & Noseworthy, 2017). Identifying personal resources is essential in reducing burnout because burnout is reduced when an employee has access to sufficient job resources and has a supply of personal resources (Hakanen & Bakker, 2017). Job resources are the driving force to employees' work engagement, directly affecting positive results within an organization and the employee's overall well-

being (Bakker et al., 2014). Job resources can include gaining support from coworkers and supervisors, increased autonomy with decision-making, and professional development and growth opportunities. These job resources can increase an employee's engagement with their work and decrease the energy they deplete. Job resources are critical for reducing burnout (Dreison et al., 2018).

The successful leader should learn to navigate the healthcare industry's challenges, all while creating a working environment to promote productivity, reduce burnout, and foster positive employee health and well-being. It is critical for leaders to identify their employees' job resources and work to provide those resources to employees. Leaders should regularly measure and assess their employees for burnout to implement strategies before burnout symptoms escalate for the employee. Leaders can use the JD-R model with their employees and identify the specific job demands to their job resources. Have employees make a list of each and work with employees to ensure their job demands do not exceed their job resources (Jenny et al., 2020). Below are some strategies that have been shown to be successful in reducing employee burnout in prior research.

Support, Training, and Culture

A leader has a profound impact on the working environment within the organization, directly correlating to the burnout effect on their followers. Leaders further have a significant impact on their employees' moods and emotions. When an employee is not receiving adequate support from their leader, they are at increased risk of experiencing negative emotions that lead to emotional exhaustion (Lebrón et al., 2018). Leaders can improve their employees' emotions by providing consistent feedback and

communicating the support they can offer (Montano et al., 2017). Muldoon et al. (2018) researched how negative workplace attitudes influence working relationships. The results revealed change, politics, and interpersonal conflicts not adequately managed by leadership negatively affects turnover intentions (Muldoon et al., 2018). Leaders should take the time to understand their employees and properly manage the workplace environment.

Solutions to meet job demands and manage stress could focus on providing employees with the tools to promote self-care and develop strategies to promote their well-being (Dyrbye et al., 2017). Colon et al. (2020) identified how self-care reduces burnout and contributes to an individual feeling more resilient. Colon explained that having mindfulness exercises and educational programs about self-care can reduce burnout. Roux and Benita (2020) supported the idea that mindfulness is a recommended activity to decrease stress related burnout and recommended having employees participate in yoga.

Roux and Benita (2020) emphasized how prevention for burnout is critical, but not always easy to do. It is difficult for healthcare workers to prioritize time for themselves as they are so focused on patient care. Encouraging self-care is a critical factor for an employee's well-being and could be done through pieces of training and workplace seminars. These training pieces should focus on providing health care employees with coping strategies to decrease burnout (Lee et al., 2016). Buckley et al. (2020) suggested interventions to include training that will enhance the clinician's knowledge and understanding of their patient populations, coping strategy workshops,

and clinical supervision. Leaders should ensure these training pieces frequently happen so that interventions can be implemented at regular intervals (Lee et al., 2016). Leaders can then work with the employees on an ongoing basis to identify the different stressors their employees face and assist in providing effective coping strategies (resources).

In addition to providing resources to health care employees to combat burnout, the health care leader should create a culture of well-being that focuses on a healthy collaboration with providers. When a health care leader can cultivate a positive workplace culture, they can empower the provider to share the organizational mission with their followers. The health care leader and the organization's providers should be on the same team and share common values. By fostering a culture that focuses on collaboration among administration and providers, the healthcare leaders leave their providers to feel valued and engaged in their work. The provider will feel as though they are contributing and creating an effective clinical team. It further allows the provider to feel that the organization is functioning efficiently to give their patients the best high-quality care possible (Olson et al., 2019).

The healthcare leader should create a culture of wellness that is associated with positive provider well-being. The healthcare leader should include the physicians in their leadership structure and promote participative decision-making that consists of the physicians' perspectives. The leader should also give the physicians control and autonomy by allowing them to fit their job to their personal preferences (Olson et al., 2019). The physician will respect the leader for their collegiality and support, which will further promote engagement. Once the physician is engaged, the leader should recognize

the work that has been done by giving recognition to the provider for their contributions. The leader should include the physician's job resources into their recognition by offering rewards or services that will ease the physician's job demands (Olson et al., 2019). The above section explains the importance of promoting a positive relationship between the leader and the physicians to create a wellness culture. Below summarizes the need for EHR support.

EHR Support

The EHR is a significant stressor to providers. The intent of the EHR was to streamline workflows and ease the burden to providers. Leaders should realize the EHR has the opposite effect and created more work for the providers (Reith, 2018). The leader should recognize the stress of the EHR in their providers day to day workload and work to assist the provider in easing the burden. The leader can do this by improving the EHR interoperability. When the leader can, they should simplify the EHR tasks and allow for the sharing of EHR work with the physicians' clinical support staff. The leader should further ensure the mechanisms in place to reduce the burden of the documentation for the physicians (Olson et al., 2019). This can be done by hiring real or virtual scribes or dictation to assist the physician with their documentation. EHR training should be available to the providers and consistent updates made to ensure efficiency. Lastly, the leader should provide the physician with adequate time to complete their documentation (Olson et al., 2019). As noted above, the EHR has been well researched as being a cause of stress to physicians. Leaders have a responsibility to acknowledge and address the stress brought to staff secondary from using the EHR.

Six Areas of Work Life

Leaders have a substantial influence on the work environment. If the leader has a positive attitude and behaviors, they can foster positivity within their surroundings (Jiménez et al., 2017). There are relationships people develop within their work life that helps to improve workplace conditions. The leader will either positively or negatively influence these conditions. Leiter and Maslach (2003) created six areas to be relevant factors to identify different relationships with one's work. The six areas of work life correspond with the JD-R theory by highlighting job demands and job resources within each of the six areas. Leaders should be focused on promoting engagement from their followers, which can improve workplace conditions. Workplace conditions can be enhanced by the leader when they focus on the six areas of work life (Jiménez et al., 2017). Leaders should pay attention to the six areas of work life as they can be organizational risk factors for burnout when not addressed. The six work life areas include workload, control, reward, community, fairness, and values (Jiménez et al., 2017).

Workload plays a critical role in burnout. To meet the demands of a job, employees need to have resources. If the employee is faced with more demands than they have resources for, it can lead to increased emotional exhaustion levels. Emotional exhaustion is further increased if the employee does not have a chance to recover from their job demands. For an employee to properly recover, they need time to rest to revitalize from their work demands. The leader can help the employee mitigate emotional exhaustion in the workload category by assisting the employee in maintaining a feasible

workload and/or providing the employee with opportunities to recover from their work demands (Jiménez et al., 2017). The second area of work life is control discussed below.

Having a feeling of control is critical to one's work life satisfaction. There are job resources that fall in the control category, helping the employee cope with their job demands. Some control resources are autonomy and trying new ideas (Jiménez et al., 2017). The third area of work life is a reward, which can be financial or social recognition. The reward resource allows the employee to feel recognized for the work they accomplished. When the employee does not have the reward resource from their superior, they feel inefficacy within their work and are at risk of experiencing burnout (McFadden et al., 2018). The fourth area of work life is the community, described below.

The community category focuses on the social relationships one develops at work. When employees have a support system at work, they have more resources to handle their job demands (Bayhan Karapinar et al., 2016). Colon et al. (2020) identified the importance of having a mentorship program as it allows employees to have excellent career preparation and being mentored promotes resiliency and team support. Santos and Evans (2020) supported the idea of a mentorship program stating that lack of mentorship is a risk factor for burnout. Dyrbye et al. (2020) identified similar findings by discussing how younger workers are at greater risk of experiencing burnout and require increased support. The fifth area of work life is fairness. Employees are concerned with consistent and fair processes and expect their superiors to demonstrate righteousness in their leadership (McFadden et al., 2018). The sixth area of work life is values. Values are the ideas and motivations unique to the organization and the individual (Jiménez et al.,

2017). It is essential leaders make the company values known and align the company's objectives to the established values.

When a leader does not provide the employee with the above job resources, their job demands are more significant, and their risk for burnout is elevated. It is critical healthcare leaders consider the six areas of work life in their strategies to reduce burnout, considering the prevalence of burnout among physicians in the United States. Dasgupta et al. (2019) discussed higher levels of education and professional degrees reduced the risk of burnout in fields outside of healthcare. However, this is not true in the health care profession. Knowing that burnout is a significant risk for organizations that are consistently operating in change, such as healthcare, it is crucial to eliminate the risk factors that foster burnout. By focusing on the six areas of work life, healthcare leaders may promote a work setting that provides their employees with the necessary tools they need to effectively do their job (Leiter & Maslach, 2003). Physicians and other healthcare professionals need to have adequate job resources to manage their job demands effectively, so the risk of burnout is mitigated.

Leadership Influence

As previously discussed, burnout is highly prevalent among health care employees and emphasizes the need for effective healthcare leadership. Burnout is associated with adverse outcomes for the employees, their patients, and the health care organization. Reducing burnout and increasing health care employee well-being is a priority for all leaders (Olson et al., 2019). When employees experience prolonged stress, they are prone to experience burnout (Livne & Rashkovits, 2018). Unsupportive

leadership is associated with increased stress among employees (Steffens et al., 2018). The influence the leaders have on the organization will indirectly influence how their employees perform at their job and their well-being (Bakker & Demerouti, 2017). Leaders should be conscious of their influence over their follower's well-being.

As noted above, effective leadership is critical in healthcare. Hargett et al. (2017) conducted a qualitative study to develop a model for effective healthcare leadership. The purpose of the study was to increase awareness of how necessary leadership is in healthcare. The results showed the highest-rated qualities for leaders based on the participant's perceived importance were to act with integrity, have effective communication, have professional, ethical values, pursue excellence, build and maintain relationships, and to be able to think critically (Hargett et al., 2017). The majority of research focuses on the leader's ability to increase the organization's performance and not on the leader's effect on their employee's health and well-being (Montano et al., 2017).

Problematic relationships were noted above to be a cause of employee burnout. Leadership plays a direct role in fostering positive relationships among staff. Campbell (2019) discussed how clinicians today believe the quality of care is diminishing in today's healthcare system. Campbell further discussed that clinicians feel their ability to communicate with their patients and provide emotional support to the patient and their families is declining with the increased prevalence of burnout. Campbell proposed that leaders facilitate a workplace environment that is compassionate and provides patient-centered care. To do this, the leader can institute Schwartz Rounds, which is recommended to be done regularly. Schwartz Rounds is implemented by bringing the

clinical team together to discuss any emotional or social challenges they may have encountered. When sharing their stories, other clinical employees can chime in to share their similar experiences to express their empathy and share solutions to the issues they face, including burnout (Campbell, 2019). Schwartz Rounds reduce stress, build engagement, and increase the potential of creating compassionate staff (Farr & Barker, 2017). Dawson et al. (2021) observed similar findings stating Schwartz Rounds contributed to an employee having decreased psychological distress and increased emotional well-being. By implementing the Schwartz Rounds, the leader can foster positive relationships among the clinical employees, decreasing the problematic relationships within the employees and their workplace.

Leaders have a direct influence on promoting team-building strategies within their organization. Fostering communication and facilitating team building activities could reduce employee burnout. Burnout is an organizational issue as it can stem from problematic relationships between employees and their workplace. The leader will set the tone for creating an environment that is prone to burnout or prone to increased engagement and healthy relationships (Couser & Agarwal, 2019). Couser and Agarwal (2019) discussed how role conflict is one of the most crucial burnout predictors. Leaders can use this knowledge to ensure their team members have clearly defined roles and provide their employees with appropriate cognitive challenges that will foster engagement (Couser & Agarwal, 2019). Communication and teambuilding are critical elements for the leader to focus on when reducing employee burnout within their

organization. In addition to team building, the leader should collaborate with the physicians and obtain feedback regarding the electronic health record and their needs.

Montano et al. (2017) conducted research to identify the associations between leadership, followers' mental health, and job performance by looking at leadership constructs. The researcher's result revealed that transformational leadership, relations-oriented and task-oriented leadership behavior, and high-quality leadership interactions, were positively associated with mental health. Their results further showed that destructive leadership behaviors increased work-related stress and burnout (Montano et al., 2017). Ghislieri et al. (2019) also reported leaders with destructive behaviors are unable to support their followers and value their work. Ree and Wiig (2020) identified similar findings as Montano et al. discussing how transformational leadership significantly impacts work engagement and patient safety culture. Montano et al. encouraged hiring transformational leaders and eliminating leaders who display destructive leadership behaviors to prevent damage to employees' mental health. To foster increased health and well-being, a leader should motivate and inspire their followers, which are vital skills of the transformational leader (Montano et al., 2017). Leaders should provide their followers with the resources to handle their job demands and improve their work life. The above section highlighted the need for transformational leaders in healthcare organizations. The below section explains how transformational leaders can address burnout.

Transformational Leadership

James Burns (1978) first developed the concept of transformational leadership. Bernard Bass (1985) further added to Burns work by expanding how transformational leaders motivate their employees. Ever since, transformational leadership has highly influenced leadership literature (Andersen et al., 2018). Effective leadership style is critical, considering the leader's actions most influence the work environment (Lewis & Cunningham, 2016). The transformational leader will show their followers they are attentive to their needs by effectively coaching or mentoring them.

Transformational leaders can inspire, motivate, and transform organizations while influencing burnout and turnover intentions in healthcare organizations. There are four components to transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. The first component of transformational leadership is idealized influence. This influence refers to the leader's ability to develop trust and respect from their followers. Leaders can obtain this trust by being open with their followers and modeling behavior consistent with what they expect from their employees (Rittschof & Fortunato, 2016). The second component is inspirational motivation. For a leader to have inspirational motivation, they should be enthusiastic and optimistic regarding the organization. Transformational leaders share the vision and inspire employees to achieve the vision (Buil et al., 2019). The third component is intellectual stimulation. Intellectual stimulation occurs when a leader finds value in the intelligence of their followers. Transformational leaders thrive on encouraging innovation and creativity from their followers and whenever possible,

engage their employees in decision making (Fletcher et al., 2019). The fourth component of transformational leadership is individualized consideration, which involves mentoring followers and paying attention to their needs for achievement (Buil et al., 2019). The transformational leader will show their followers they are attentive to their needs by effectively coaching or mentoring them (Ree & Wiig, 2020).

A transformational leader does not look to only showcase his or her talents. They strive to highlight and develop their followers to have the most optimum functioning team possible. In healthcare, employees are consistently presented with high-stress work that takes emotional tolls on their health and well-being (Ledikwe et al., 2018). Thomas et al. (2019) identified that transformational leaders make positive impacts on healthcare professionals and create less stressful environments. Transformational leaders who are competent at utilizing all components of the transformational leadership style can improve their followers' well-being by being an inspirational support system. Researchers consistently show the detrimental effects of burnout on patient safety outcomes, turnover intentions, and damaging financial consequences for organizations (Boamah et al., 2018). When organizations employ transformational leaders, they increase their potential for creating positive work environments that foster high-quality patient care while increasing revenue (Boamah et al., 2018). Leaders should develop their followers to create a high functioning team, and a transformational leader will hold such qualities.

Transformational leadership has been shown to reduce employee burnout. Rittschof and Fortunato (2016) conducted a quantitative study on the influence transformational leaders have on job burnout for case managers who work for child

protective services. The participants consisted of 97 case managers, 83 percent being women, who completed an online survey. The results revealed that transformational leaders successfully decreased employee burnout, and the findings suggested that child welfare organizations should hire transformational leaders. This study's strengths recognized the increased demand for child welfare workers, which leads to burnout and the researcher's findings for child welfare organizations to hire transformational leaders (Rittschof & Fortunato, 2016). Mental health workers are at increased risk for burnout due to their field's stressful nature, and transformational leaders could decrease burnout in mental health organizations.

An employee's job satisfaction is affected by burnout, which can directly affect patient safety outcomes. Transformational leaders can have positive effects on employee job satisfaction, which could improve patient safety outcomes. Boamah et al. (2018) conducted a quantitative study to research the impact of transformational leadership behaviors on job satisfaction and their effect on patient safety outcomes. The participants consisted of random nurses residing in Ontario who completed a cross-sectional survey. The researchers found transformational leadership to have a strong positive influence on workplace empowerment. The researchers found workplace empowerment led to increased job satisfaction among nurses, and adverse patient outcomes were decreased. This study's strength is the finding transformational leaders can improve the quality of care for patients by creating positive work environments that allow nurses to feel empowered. The limitation of this study is the cross-sectional approach used by the researchers, which limited the interpretation of causality to the evidence (Boamah et al.,

2018). This study is valuable to burnout research as the researchers found that transformational leaders can positively influence workplace empowerment, which could improve patient safety outcomes.

Employee engagement is also a consequence of burnout that can be influenced by transformational leaders. Lewis and Cunningham (2016) supported the six areas of the work-life and discussed a transformational leader has a significant impact on nurses' burnout and engagement. Choi et al. (2016) conducted a qualitative study focusing on how transformational leaders can empower nurses and medical assistants to have better job satisfaction. The results showed that empowerment enhanced job satisfaction and a positive correlation between transformational leadership and job satisfaction (Choi et al., 2016). Leadership influence has a direct impact on employees' work satisfaction and burnout.

Previous researchers concluded the work environment is most influenced by the leader (Lewis & Cunningham, 2016). Raso et al. (2020) observed similar findings and discussed the work environment contributing to staff engagement and positive patient outcomes. The transformational leader supports the employee and shows them they are rooting for their success. Current literature has well established transformational leadership and job satisfaction (Choi et al., 2016). Healthcare organizations hiring personnel should be diligent in their hiring process for leaders. Literature is evident in the necessity to develop a curriculum within medical organizations that will grow and train leaders (Hargett et al., 2017). Leaders have a great responsibility in their organizations knowing the power of influence they hold over the work environment.

Conclusion

A positive workplace environment is necessary to reduce burnout. Employees who feel as though they are empowered at work are more likely to be engaged and are less likely to suffer from burnout. Literature supports the need to hire transformational leaders to foster positive work environments and empower their followers. It is critical to employ motivated leaders who will prioritize creating a positive work environment that focuses on reducing burnout. The JD-R theory will allow me to explore successful strategies to reduce burnout as the theory provides a way to examine burnout problems from a demands and resources categorization process. It is important leaders use this tool with their followers to help identify what their employees' job demands are and what job resources are needed to combat those job demands. The JD-R tool will also be beneficial to leaders as they will be able to identify any trends in job demands to see if there is anything they can change organizationally to minimize or eliminate certain job demands.

Transition

Burnout continues to be prevalent among employees within healthcare organizations despite the plethora of research providing solutions for the syndrome. Leaders have the responsibility to manage employee burnout as up to 50% of healthcare providers experience symptoms of burnout in the United States (Shanafelt & Noseworthy, 2017). Employee burnout increases turnover among healthcare staff and negatively impacts organizational performance. Bridgeman et al. (2018) reported that up to 70% of nurses and up to 50% of physicians and mid-level providers experience burnout. Eliacin et al. (2018) found that up to 67% of mental health providers experience

high burnout levels. Kearney et al. (2020) asserted that an estimated 68% of doctors in the US meet the requirements of experiencing burnout. However, previous researchers have provided strategies to reduce employee burnout. Healthcare leaders who can implement these strategies could have a positive impact on reducing burnout. This study will contribute to the literature on successful strategies some health care leaders use to reduce employee burnout, especially through the utilization of the JD-R model.

In Section 1, I presented the background of the problem, problem statement, purpose statement, nature of the study, research question, interview questions, conceptual framework, operational definitions, assumptions, limitations, and delimitations. Section 1 further discussed the significance of the study, contribution to business practice, implications for social change, and a review of the professional and academic literature. The literature review was composed of information regarding burnout and healthcare burnout, the Maslach Burnout Inventory, causes of burnout, effects of burnout, and strategies to reduce burnout. Section 2 contains the role of the researcher, participants, research method, research design, population and sampling, ethical research, data collection, data organization, data analysis, and reliability and validity of the study.

Section 2: Foundation of the Study

Section 2 of this study contains an introduction to the role of the researcher, participants, the research method, research design, and population and sampling of healthcare leaders who have successfully implemented strategies to reduce employee burnout. In this section, I discuss ethical research, along with a discussion on data collection instruments, data collection techniques, data organization, and data analysis. The last portion of this section will discuss the reliability and validity of the study.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies some healthcare leaders use to reduce employee burnout. The targeted population consisted of four healthcare leaders in the United States who demonstrated success in addressing effective strategies to reduce employee burnout. The implications for social change include the potential to reduce employee burnout, which can lead to reduced turnover intentions in healthcare organizations. Reduced employee burnout and lower turnover rates can benefit communities by creating stability in the healthcare field and ensuring better health care for patients.

Role of the Researcher

The researcher's first role is to study literature regarding the research topic to understand it (Yin, 2017). I have conducted a thorough review of literature related to burnout. As the researcher, I obtained data by asking the participants' interview questions (Sutton & Austin, 2015). The role of the researcher in the data collection is to identify the participants, gather the data, and organize the data (Cypress, 2017). I followed criteria to

identify participants. I followed an established set of interview questions to gather the data and focused on the participants' viewpoints. I was focused on exploring successful strategies healthcare leaders have implemented. I have over 16 years of healthcare experience and witnessed burnout and its effects where leaders did not assess employee burnout. As such, I hope the results of this study will encourage healthcare leaders to address employee burnout and implement strategies to reduce it.

Each participant in this study provided written consent to participate in the interviews and had a complete understanding of their part in the study. I informed all participants their participation was voluntary and they were informed that they could withdraw from the study at any time without any penalty by informing me they no longer wish to participate. As the researcher, I followed the protocols of the Belmont Report. The Belmont Report outlines three ethical principles for conducting research on human participants (US Dept of Health & Human Services, 1979). The first principle is respect for persons, which allows people to have the right to decide if they want to participate in the study or not and have the autonomy to make their own choices (US Dept of Health & Human Services, 1979). I respected all participants by allowing them the autonomy to participate in the study willingly. The Belmont Report's second principle is beneficence, which is to do no harm to the participants (US Dept of Health & Human Services, 1979). I protected the participants rights by providing a written informed consent form that explained the research process and the rights of the participant. The third principle is justice which is the requirement to treat all people fairly and equally (US Dept of Health & Human Services, 1979). I provided equal treatment to all participants by following the

interview protocol and Walden University's Internal Review Board (IRB) process. I informed participants in the informed consent that they may withdraw from the study at any time, verbally or in writing if they decided they no longer wished to participate.

Qualitative researchers should be aware of ethical issues by understanding the perspectives of the participants during research (Karagiozis, 2018). As a researcher, I mitigated bias and avoided viewing data through a personal lens or personal perspective by interpreting the participants' responses for strategies to reduce employee burnout and not my views. I examined personal biases to ensure I did not invoke any biases to the participants. I recognized it is impossible to remove all biases but made every effort to be aware of my personal perspective and avoided viewing data through a personal lens. I was cognizant of personal views to remove bias and focused on the participants' perspectives. I mitigated bias by using an interview protocol, conducting member checking, and ensuring data saturation.

In qualitative research, researchers often rely on interviews for data collection (Yin, 2017). I used semistructured in-depth interviews to collect data for this study. I utilized an interview protocol to guide the interview. The rationale for an interview protocol is to ask the participant targeted questions to obtain answers for the case study topic (Yin, 2017). The interview protocol is practical as it allows the researcher to follow their line of inquiry during the interview (Yin, 2017). The interviews took place in a virtual setting between the participant and me. DeJonckheere and Vaughn (2019) advised probing participants during an interview. I asked additional questions or probes identified from the participants' answers to the targeted questions from the interview protocol. I

recorded the interview and used an audio transcription service to transcribe the recording. Once I transcribed the participant's data accurately, I wrote a summary of the data to send to the participant to confirm the summary is an accurate depiction of what they were saying during the interview to mitigate any biases.

It was my responsibility to make the participants feel at ease to share their experiences freely. I was responsible for facilitating the flow of the conversation by asking open-ended questions. Chenail (2014) advised researchers to use open-ended questions instead of closed-ended questions so responses are more meaningful. I used open-ended questions to ensure the participant's responses had meaning without the limitations imposed by asking a closed-ended question. The above statements reflected how I fulfilled the role of the researcher. Below is a description of the participants for the study.

Participants

Initially, the participants were to consist of at least three healthcare leaders in the United States. However, I did not achieve data saturation after three, so I identified a fourth participant. This fourth participant yielded no new information and data saturation was reached. The participants met the following eligibility criteria to participate in this study: (a) the participants must have at least 3 years of management experience within healthcare; (b) must currently be working in the field; and (c) must have successfully implemented strategies to reduce employee burnout. A researcher selects participants based on their knowledge of the subject manner and their ability to give thorough answers to the research questions asked (Yin, 2017). I verified the participants had

successfully implemented strategies to reduce employee burnout by asking prescreening questions to ensure they met the eligibility standards.

The strategies I employed for gaining access to participants was to use professional networks. I have over 16 years of healthcare experience. I utilized professional networks to identify any potential participants by sending out an email to healthcare organizational leaders asking them to participate in the study if they met the criteria or provide names and contact information of potential candidates that I can reach out to. I used the professional networking site LinkedIn to identify leaders who have addressed employee burnout in healthcare. A LinkedIn group is devoted to addressing physician burnout, and I identified healthcare leaders through the group and messaged them directly. At the time of this writing, there are 765 thought-leaders focusing on ending burnout in this group.

After I identified a potential participant, I asked them prescreening questions to determine their eligibility to participate such as (a) Do you have at least 3 years of management experience within healthcare?; (b) Are you currently working in the field of healthcare?; (c) Have you successfully implemented strategies to reduce employee burnout?; and (d) Would you like to voluntarily participate in this research study? After I identified a participant, I used that participant to identify other potential participants in their network. After I screened the participant for eligibility, I emailed them the Informed Consent Form. I informed the participant they may indicate their consent by replying to the email with the words “I consent.” Once I received the participants consent, I emailed

the participant to schedule the virtual interview. All interviews occurred at a time that was most convenient for the participant by working around their schedule.

Researchers are encouraged to develop a rapport with participants (DeJonckheere & Vaughn, 2019). At the beginning of the interview, I developed a rapport with the participant to ensure they were comfortable during the session. I informed the participant why I am conducting this research and told them why their participation is meaningful to the data collection. I followed the ethical principles of the Belmont Report (US Dept of Health & Human Services, 1979) when establishing working relationships with participants. I built trust with the participants and honestly explained the interview process. Heath et al. (2018) recommended for researchers to make participants feel comfortable during an interview. I made the participants feel comfortable to answer all questions by providing a relaxing environment during the interview through a virtual platform of the participants' choice. I made sure there were no distractions and tested all equipment before the interview. I recorded the audio of the interview to concentrate on what the participant was saying and not transcription. Kallio et al. (2016) recommended using probing follow-up questions during the interview. Using semistructured interviews allowed flexibility to ask probing follow-up questions based upon the answers I received from the formal questions. By utilizing the above standards, I made the participants feel at ease to share their experiences while also saturating data for collection.

Research Method and Design

Research Method

I considered three research methods for this study: qualitative, quantitative, and mixed (Saunders et al., 2015). Qualitative methodology is the foundation for this study. Qualitative research is an approach that allows the researcher to study the participants' meanings and the relationships that exist between them (Saunders et al., 2015). I selected the qualitative method to use open-ended questions and gain the perspectives of the participants. In contrast to the qualitative method, the quantitative method relies on researchers using closed-ended questions and examines relationships among variables, which does not fit the purpose of this study. Mixed method researchers utilize aspects of both quantitative and qualitative methods (Saunders et al., 2015). Mixed method research was not selected for this study because I did not want to examine relationships among variables. The qualitative method is best suited for this study's purpose. With the qualitative method, I probed into strategies leaders are using to reduce burnout among healthcare workers, which required in-depth, open-ended questions.

Research Design

I considered three research designs that could be used for a qualitative study to explore the strategies that healthcare leaders employ to reduce employee burnout. The three qualitative research designs include: (a) phenomenological, (b) ethnographic, and (c) case study. Phenomenological studies explore the personal meanings of several people's experiences surrounding a phenomenon (Hancock & Algozzine, 2017). The phenomenological study is not appropriate as I am not focused on the personal meanings

of lived experiences, but on strategies leaders are using. Ethnography involves researchers who study the social environment and culture of an ethnic group (Saunders et al., 2015). The ethnographic study is not suitable as I am not studying one particular cultural group. Case studies are an in-depth analysis of a case (Yin, 2017). The multiple case study method was chosen over a single case study as I explored leaders' strategies across multiple healthcare organizations in the United States. Using a multiple case study allowed me to compare and contrast over a range of cases.

Data saturation is a term used by researchers to describe the point where no more data is needed for the researcher to justify their findings (Constantinou et al., 2017). Failure to reach data saturation could negatively affect the research's quality (Fusch & Ness, 2015). Reaching data saturation helps assure the reliability and the validity of the research (Cypress, 2017). I ensured data saturation was achieved by interviewing healthcare leaders until the data collected revealed no new information or themes.

Population and Sampling

The purpose of this study was to explore strategies some healthcare leaders use to reduce employee burnout. The targeted population consisted of four healthcare leaders in the United States. When looking at this study's scope, I wanted to obtain at least three healthcare leaders' experiences. I did not achieve data saturation after three, so I identified the fourth participant with snowball sampling. This fourth participant yielded no new information and data saturation was reached. I selected participants if they had at least 3 years of management experience within healthcare and if they successfully implemented strategies to reduce employee burnout. Due to my geographical location in

Guam, I was unable to conduct face-to-face interviews with the participants. Therefore, the interview setting was through a scheduled web conferencing meeting using Zoom, during a convenient time proposed by the participant, after they completed an informed consent form.

Qualitative research is research focused on describing a person's experience. It is essential to identify a proper sample to interview. I used semistructured interviews to collect the required data for this study. Naderifar et al. (2017) discussed sampling and explained it is a process where the researcher will choose a portion of the population to represent the whole. I used snowball sampling in this study as its sampling method. The snowball method was selected for this study as the potential participants are hard to identify. Despite all the research on burnout, some healthcare organizations are not implementing burnout protocols in their organizations. Therefore, I used snowball sampling in this study as its sampling method because it was the easiest way to identify potential participants that may be hard to find otherwise.

I contacted potential participants via email, explaining the study and the criteria for participation. After I identified a potential participant, I used that participant to identify other potential participants in their network. With snowball sampling, the goal is to have identified participants identify other potential participants (Naderifar et al., 2017). I requested identified participants to identify other potential participants and provide me with their name and contact information. Snowball sampling is favorable because the participants can assist in identifying other participants that meet the criteria for the study. One of the downsides of snowball sampling is it may restrict the researcher to a small

section of the population (Naderifar et al., 2017). Once I identified a participant who met the criteria, I engaged that participant to help identify other potential participants they know in their network. The sampling continued until data saturation was obtained (Naderifar et al., 2017).

In qualitative research, there are no definitive standards for assessing a required sample size (Boddy, 2016; Malterud et al., 2016). Qualitative research focuses on the depth of the research obtained and not the breadth. Depending on the research topic, a case study with only a single research participant could bring significant insight into a research topic (Boddy, 2016). I conducted a multiple case study, and Yin (2015) recommended researchers conducting a multiple case study strive to interview two to three participants to gain a true understanding of the phenomenon they are researching. Tran et al. (2016) discussed data to be saturated when no new information is obtained from the data collected. I determined the data to be saturated when no new information was observed from the data collected.

Researchers are advised to ensure participants have an understanding of the research question (Yin, 2017). The criteria I used to select the participants ensured the participants know the research question I am asking. DeJonckheere and Vaughn (2019) discussed participants' must have lived experience with the research topic. The research question will be the driving force to this study, and the participants must have lived experience with the topic.

Ethical Research

Ethical concerns can arise during one's research. Yin (2017) discussed the need for ethical research to focus on the participants, stakeholders, and peers while being responsive to the current situation. This doctoral study obtained Walden University's IRB granted approval to conduct research. When conducting research using human participants, the researcher must obtain informed consent (Perrault & Nazione, 2016). The purpose of the informed consent form is to ensure all participants are informed with all the information regarding the study to decide whether participation in the interview is right for them or not (Perrault & Nazione, 2016). I provided all participants with an informed consent form that detailed the requirements for participation. The informed consent form was created using IRB procedures. I informed all participants their involvement in the research was voluntary. I informed participants they may withdraw from the study at any time by notifying me verbally or in writing they no longer wish to participate. If I am informed a participant does not want to continue their participation in the research, I will immediately remove them as a participant and not include any of the data collected from them. Should a participant withdraw, any information obtained prior to the participants withdrawal from the study will immediately be destroyed.

I followed the protocols of the Belmont Report and ensured the participants fully understood their part in the study. I did not incentivize the participants for participating in the study and I informed the participants they can obtain a copy of the final results once approved by Walden University. To protect participants' confidentiality, I stored all data obtained on a USB drive which was placed in a password-protected locked safe to be

kept for 5 years. During the interview, I used a note pad to document any observations and any thoughts. I typed the field notes after the interview and placed them on the USB drive. I used a recording device to capture the interview and stored it on the USB drive. I shredded all paper documents. I will erase all electronic data stored on the USB after 5 years to comply with IRB regulations.

The final document for this paper is the Walden University IRB (approval no. 06-01-21-0992856). True anonymity cannot be achieved in qualitative research as the researcher knows the participants' identity. Researcher's do have an obligation to protect the confidentiality of participants (Roth & von Unger, 2018). While the participants' identity is known to myself, I used a coding system and refer to them as Participant A, B, C, and the like to maintain confidentiality. This doctoral study does not include names, or any other identifying information of the individual interviewed or their affiliated organization(s).

Data Collection Instruments

In qualitative research, the researcher is a research instrument as the researcher is the person who is obtaining the data from the participants (Chenail, 2014). As the researcher for this study, I was the primary data collection instrument as I obtained all data from the participants. I collected the data with study participants using semistructured interviews as the primary data collection source. I obtained archival data such as organizational documents related to burnout as the secondary data collection source. After I developed a rapport with participants during the interview, I asked them to email their organizational documents related to burnout after the interview. Three out of

the four participants did not email me their organizational documents related to burnout after the interview. I obtained organizational documents publicly found on the web from the participants organizations. I used the documents to corroborate the data I collected from the interviewees.

Brown and Danaher (2019) discussed how semistructured interviews allow for additional questions to be asked through the primary questions that elicited open responses from participants, encouraging free-flowing conversations. Likewise, DeJonckheere and Vaughn (2019) asserted semistructured interviews were an excellent approach to promoting additional questions or probes identified from the answers the participants provide. Kallio et al. (2016) argued that semistructured interviews assist the researcher in having objective and credible results. Therefore, I used semistructured interviews to explore strategies some healthcare leaders use to reduce employee burnout.

Two critical aspects of all research are reliability and validity (Cypress, 2017). McGrath et al. (2019) asserted verbatim transcription is most commonly used in qualitative studies. I audio recorded all interviews and transcribed them word for word. I wrote a summary of the transcribed data and used member checking to enhance the reliability and validity of the data collected. Member checking is the process of the researcher providing the participant with a summary of the interviews to provide their comments (Harvey, 2015). Harvey (2015) discussed using member checking to provide the participant with a chance to validate their responses. To maximize the quality of the data, I provided the participants with a summary of the interview for their review via email. I asked each participant to review the summary to ensure I accurately captured

their thoughts and requested them to respond to the email within 7 days. All participants responded to the email.

Data Collection Technique

In this study, I explored strategies some healthcare leaders use to reduce employee burnout. I began the data collection process to obtain the answer to the research question by identifying suitable participants who have the knowledge to address the interview questions. After the appropriate participants was identified, I began collecting the data. The primary approach I used to collect the data was to utilize the semistructured interview method. I used semistructured in-depth interviews to collect the data for this study. Semistructured in-depth interviews are between the researcher and the participant. DeJonckheere and Vaughn (2019) asserted semistructured interviews were an excellent approach to promoting additional questions or probes identified from the answers the participants provide. I utilized an interview protocol to guide me through the interview and supplement with additional questions or probes to ask the participant based on the answers I received. The interview was in a virtual setting, as I could not conduct face-to-face interviews with the participants due to my geographical location in Guam. Lo Iacono et al. (2016) discussed the positive connection made with video interviews because the interviews are usually in their home setting and more relaxed during the meeting.

The semistructured interview was 45-60 minutes in length. During the interview process, I introduced myself to the participant and set the stage to make the participant feel comfortable. I obtained permission from the informed consent completed by the participant prior to the interview to use a recording device to capture the interview. I also

obtained verbal consent to record the interview at the start of each interview. I watched for non-verbal cues and paraphrased as needed. I asked follow-up probing questions to get more in-depth responses. I wrapped up the interview by thanking the participant and notified the participant I will be emailing them a summary of the interview via email for their review. Considering the size of the population for this doctoral study, I did not conduct a pilot study. However, member checking allowed each participant the opportunity to review the interview summary for accuracy of the interpretation. Once I completed the summary of the interview, I sent it via email to the participants and asked them to return it to me within 7 days with any of their edits. The above is a step-by-step approach for the interview protocol, which can also be found in Appendix B.

The advantage of using semistructured interviews is using open-ended questions and receiving detailed responses. Semistructured interviews are favorable because they are flexible and enable the researcher to ask follow-up questions based on the responses received from the participant (Kallio et al., 2016). The semistructured interviews assisted in obtaining objective and credible results. The disadvantage of using the semistructured interview method is they are time-consuming and require a lot of prep work to develop pertinent interview questions and conduct the interview itself (Kallio et al., 2016).

Data Organization Technique

Qualitative researchers have to address data organization and strategies for storing data collected. To protect participants' confidentiality, I stored all data obtained on a USB drive which was placed in a password-protected locked safe for 5 years. I relied on member checking by emailing the summarized interviews to the participants for them to

review to make sure the data is accurate (Varpio et al., 2017). The Belmont Report advised researchers to protect the identities of the participants of the study to ensure confidentiality (US Dept of Health & Human Services, 1979). Petrova et al. (2016) suggested to code participants to maintain confidentiality. I coded all participants as Participant A, B, C, and the like to ensure I protected their confidentiality. During the interview, I used a note pad to document any observations and thoughts. I typed the notes after the interview and placed them on the USB drive. I used a recording device to capture the interview and stored it on the USB drive. I shred all paper documents. I will erase all electronic data stored on the USB after 5 years to comply with IRB regulations.

Data Analysis

Data analysis is required for qualitative research. Analyzing data is the process of describing data collected and interpreting data (Neale, 2016). Vaughn and Turner (2016) discussed how challenging analyzing qualitative data could be for the researcher. Data analysis is problematic because the researcher must inspect, transform, revise, and remodel data collected to reach conclusions depending on the situation (Silverman, 2016). In qualitative research, the researcher serves as both the data collector and the data analyst (Birt et al., 2016). To begin data analysis, the researcher has to first collect and transcribe all data (Yin, 2015). I audio recorded the interview and used an audio transcription service to transcribe the recording. I wrote a summary based on the transcribed data and used the summary to conduct member checking with each participant. I emailed the participant the typed summary of the interview to verify and ensure I summarized their thoughts accurately. I requested the participant return the

summary back to me with any comments within 7 days. For this research paper, data analysis will consist of triangulation and thematic analysis, discussed below.

Triangulation helps the researcher show consistency with the research findings using multiple sources (Gibson, 2017). Yin (2015) explained the four triangulation types: theory triangulation, data triangulation, investigator triangulation, and methodological triangulation. I collected data with study participants using semistructured interviews as the primary data collection source and document review as the secondary data collection source. After I developed a rapport with participants, I asked them to email their organizations' documents related to burnout after the interview. After data was collected, I analyzed it using methodological triangulation. I attained triangulation in this study through semistructured interviews with multiple participants and by document review.

Thematic analysis allows researchers to look for themes within their data and conclude their findings (Braun & Clarke, 2006). I followed the process of inspecting, transforming, revising, and remodeling the data I collect to reach conclusions (Silverman, 2016). To do this, I spent time reviewing and inspecting the data to ensure I was familiar with it. I used the summaries the participants approved, and the documents collected from participants to begin coding to look for any data themes. I referred to participants as Participant A, B, C, and the like within the coding system to disguise the participants identity. I transformed the data by developing different codes to describe the content within the data. I coded phrases to correspond to different codes so I could extract key themes within the data. Thematic analysis will help the researcher organize and describe the data set in detail and capture the important themes in relation to the research question

and provide meaning to the data (Braun & Clarke, 2006). I revised codes as needed during the process to ensure they are relevant. I will then remodel all of the data to develop conclusions.

Software is available to assist qualitative researchers with the coding of their data (DeFranco & Laplante, 2017). I used NiVivo 12 to organize data collected and to code and assist in analyzing data. Yin (2015) suggested researchers take their data analysis and compare it with existing literature. I used the coded and analyzed data from NiVivo 12 and compared and contrasted it to the literature and conceptual framework. I then composed an analysis of all the data.

Reliability and Validity

Reliability and validity are critical to the quality of one's research (Cypress, 2017). Researchers need to make their top priority reliability and validity when conducting research (Yin, 2017) to ensure their results are accurate and honest (Cypress, 2017). Below is a discussion on reliability, validity, credibility, confirmability, and transferability.

Reliability

Reliability refers to the process of achieving consistent results and being aware of personal research bias that may alter the results (Smith, 2015). Per Constantinou et al. (2017), dependability is equivalent to reliability, and dependability requires the researcher to be meticulous with their research so another researcher can easily replicate the study. Leung (2015) discussed how reliable research would allow another researcher to replicate one's work. Timsit et al. (2019) examined reliability to mean providing

consistency so another researcher could easily duplicate the present research. To ensure reliability, I maintained in-depth recordings of all the interviews to show a consistent data trail. Leung (2015) suggested to use triangulation to maximize reliability. Therefore, I used triangulation through semistructured interviews with multiple participants and by document review.

Validity

Validity refers to the interpretations of the interview process and making sure they are accurate (Tang, 2015). Having an adequate research design and proper data collection tools is necessary for the researcher to achieve reliability and validity (Silverman, 2016). I uploaded all data into NiVivo 12 to organize and used NiVivo 12 to code and assist in analyzing data. Member checking is used by researchers to enhance the validity of the research and to increase participation from participants (Varpio et al., 2017). To ensure validity during the data collection and interpretation, I recorded all interviews for transcription. I provided summaries of the interviews to the participants to validate. I also ensured validity through data saturation. I ensured data saturation was achieved by interviewing healthcare leaders until the data collected revealed no new information or themes.

Credibility

To obtain high-quality research, one would follow the following criteria: credibility, transferability, and confirmability (Abdalla et al., 2018). To ensure one's research is credible, the researcher must ensure all data is accurate and honest (Parsons et al., 2015). For research to be considered valid or reliable, the researcher must be able to

show it is credible (Korstjens & Moser, 2018). Researchers must remove personal bias to ensure their research is credible (Noble & Smith, 2015). As I am the sole researcher, I ensured credibility by probing during interviews and conducting member checking with the participants.

Confirmability

Confirmability ensures the results you obtained came from the researcher's data and not from the researcher's personal biases (Castleberry & Nolen, 2018). How another researcher can validate someone else's research is the process of confirmability (Cho, 2016). Korstjens and Moser (2018) described conformability to be a neutral analysis of the data so if someone else was to analyze the data, they would obtain the same results. Confirmability is comparable to the researcher being objective. Confirmability ensures the conclusions from the data reflect the data obtained from participants and not the researcher (Abdalla et al., 2018). To ensure confirmability, I used probing questions during the interview process, and I relied on member checking to ensure the accuracy of the data.

Transferability

Transferability determines if one study's results can be transferred to another study (Coon et al., 2016). Transferability requires researchers to be detailed in their conclusions so the results could apply to other cases (Constantinou et al., 2017). I was thorough and detailed with the descriptions of the data, the interview protocol, and the data analysis process so other researchers can determine if the research is transferable.

Transition and Summary

In Section 2, I presented the role of the researcher and discussed the study participants' requirements to be eligible. I provided a detailed justification of the methodology and research and discussed the scope of the study. I addressed the population and sampling and provided information regarding how ethical standards were adhered to throughout the research process. Section 2 includes the data collection instruments and data collection process, including how the data will be collected and analyzed. Lastly, section 2 discussed the reliability and the validity of the data collection and analysis. In Section 3, I will apply the study findings to leaders in the healthcare industry as well as discuss implications for social change.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies some healthcare leaders use to reduce employee burnout. Burnout is a syndrome of chronic exhaustion causing a cynical, negative attitude regarding one's work that results in decreased professional efficacy (Maslach & Leiter, 2016). Using semistructured interviews, I enhanced my knowledge from four healthcare leaders who employed effective strategies to reduce employee burnout at their organizations.

Data analysis consisted of triangulation and thematic analysis. I used methodical triangulation to show consistency with my data and validate the data obtained. I attained triangulation through semistructured interviews with multiple participants and review of archival data of various types of organizational documents to ensure both data were similar. I used qualitative thematic analysis to look for themes and patterns within my data and conclude my findings. The participants explained that to reduce employee burnout, healthcare leaders should rely on one-on-one communication with their employees and focus on understanding their well-being. Participants used one-on-one communication to foster a positive work relationship, allowing employees to feel supported in their roles. Participants recognized the importance of understanding their employee’s well-being and promoted self-care to support their resiliency and reduce burnout. Two of the three participants explained that they implemented a mentorship program for new grads as the younger generation is more susceptible to burnout.

Participants used the mentorship program to support new employees and provide them with the opportunity to process their experiences.

The research question that guided this study was: “What strategies do healthcare leaders use to reduce employee burnout?" In finding the answers to this question, I gained insight into how to identify employee burnout, the benefits of implementing a mentorship program, the importance of understanding the well-being of your employees, and how to enhance the workplace environment to reduce burnout. In the following section, I present the findings. I provide a brief description of the participants interviewed and discuss the qualitative thematic analysis utilized in this research. I present the findings with a detailed discussion of each theme identified and direct interview quotations to support the analysis. After the presentation of the findings, I share insights on how the findings connect to the JD-R theory and how the findings apply to professional practice. Last, there is a discussion of the implications for social change, the recommendations for action, recommendations for further research, reflections, and a conclusion.

Presentation of the Findings

Participant Descriptions

The interview process consisted of conducting semistructured interviews with four healthcare leaders. The original goal was to interview three healthcare leaders. However, I did not achieve data saturation after three, so I identified the fourth participant through snowball sampling. This fourth participant yielded no new information and data saturation was reached. Participants were geographically dispersed within the United States, with two participants located in Colorado and one in Maine and

one in Minnesota. Three of the four participants were female; one was male. The participants were between the ages of 44 to 64 years old and all were college-educated. Three of the participants held masters-level degrees, and the other participant had a doctorate. Table 1 below is a summary of the participants education and titles.

Table 1

Participant Education and Title

Participant	Education	Job Title
P-A	Master's	Clinical Director
P-B	Master's	Administrator/Director of Nursing
P-C	Doctorate	Medical Director
P-D	Master's	Clinical Manager

After obtaining consent from participants via email, I scheduled an interview via Zoom videoconferencing at a time that was convenient to the participants. I conducted the interviews from my private home and recorded the interview through the Zoom settings after the participant entered the virtual space. I extended my appreciation to each participant for volunteering to participate in my research. I thanked each participant for reviewing the consent form and returning their consent to me electronically. I reminded each participant the interview would be audio-recorded, and their privacy would be protected by not including their name or any other identifying information in the study. I reminded each participant I would destroy all data after 5 years. I stated their participation was voluntary and they had the right to withdraw from the study at any point by informing me verbally or via writing that they no longer wish to participate. I

asked each participant if they had any concerns before beginning each interview, and each participant stated they had no concerns. After each participant verbally said they had no concerns, the interviews then commenced. I observed each participant and took field notes to supplement the transcripts as part of the overall interview process. Below is a summary of the participants based on my field notes and observations.

Participant A

Participant A was a 64-year-old female who is a clinical director of emergency services. Participant A is a seasoned health care executive with 24 years in her profession, with 12 of those years in a leadership position in healthcare. Participant A is a Registered Nurse with a Master's in Nursing. Participant A interviewed from her private office during her work break. Participant A was calm and collected during the interview, even when explaining the mental health ramifications she witnessed her employees experiencing during the COVID-19 pandemic. Participant A emphasized how burnout has affected her organization and showed genuine interest in reducing burnout for her employees.

Participant B

Participant B was a 44-year-old female who was an administrator and a director of nursing for her agency. Participant B was another seasoned health care executive with 25 years in the field and 11 years of experience as a health care leader. Participant B was a Registered Nurse who also has a Master's in Business Administration. Participant B interviewed in a private office within her home, and her demeanor displayed she was relaxed and comfortable during the interview. Participant B was confident in her answers

surrounding burnout and emphasized the research she has done to understand the phenomenon. Participant B was knowledgeable regarding burnout and how it has affected burnout within her organization. Participant B closely monitors attendance and turnover and has used her knowledge to successfully implement a mentor program for her employees to combat burnout. Participant B emphasized her desire for her organization to provide the employee with a positive experience, not a negative one.

Participant C

Participant C was a 50-year-old male who was a medical director in the Department of Anesthesiology for his organization. Participant C was an anesthesiologist and has over 20 years of experience in healthcare and 12 years of experience as a health care leader. Participant C interviewed in a private room within his home, and he displayed a confident and calm demeanor. Participant C discussed the ramifications burnout has on the employee and the organization. Participant C was passionate about being an engaged leader who is present for his employees and stressed the importance of data when measuring burnout and using the data to implement action plans.

Participant D

Participant D was a 45-year-old female who was a clinical manager in medical cardiology. Participant D has worked in healthcare for 7 years and has held a managerial/leadership position in healthcare for 4 years. Participant D was a Registered Nurse who also has a Master's in Nursing and is a Certified Nurse Manager and Leader. Participant D interviewed in a private office within her work during her break. Her demeanor was kind, caring, confident, and she appeared comfortable during the

interview. Participant D was passionate about the well-being of her employees and stressed the importance of self-care. Her responses during the interview displayed a leader with genuine compassion and caring for her staff, and she stated how much she valued the thoughts of her employees. Participant D values one-on-one communication with her employees and emphasizes building relationships and supporting her team.

Thematic Data Analysis

As shown in the participant demographics provided above, I interviewed four healthcare leaders who made up the four case studies to be analyzed for this study. After the conclusion of the interview, I uploaded the recording to Rev software for verbatim transcription. Rev software provided a verbatim transcription of each interview, and I used the transcription along with the field notes to create a summary for the participants to review. I interpreted my participants responses and typed them on a word document. I emailed the summaries to each participant to conduct member checking, and each participant responded to confirm the accuracy of the interpretation. One participant emailed back, validating the interpretation, and provided additional thoughts regarding burnout not revealed during the interview.

After each participant confirmed the accuracy of the summary of their interview, I uploaded the interview transcript into NiVivo 12. Once the transcripts were in NiVivo 12, I began exploring the documents. Silverman (2016) recommended the researcher inspect, transform, revise and remodel data collected. I followed the process of inspecting, transforming, revising, and remodeling the data I collected to reach conclusions. I read through the transcripts multiple times and conducted word searches with NiVivo 12 to

find frequently used terms. I used the secondary data collected from organizational documents to corroborate the data I collected from the interviewees. After I thoroughly inspected all the data, I began the coding process. I read through each transcript and coded it based on common topics and common words. NiVivo 12 assisted the coding process by allowing all the related material to be in one place so I could look for trends, emerging patterns, and shared ideas. I continued to run queries of all the data and looked for common words such as burnout, resiliency, demands, resources, engagement, communication, support, workload, and the like. After I identified common words, I created a node in NiVivo 12 to contain the code. I also closely tracked common topics. For example, when healthcare leaders stated a correlation between age and burnout, I would code accordingly. I kept a journal with me through the coding process to write down any thoughts for later use.

Once I had all the transcripts coded, I identified common patterns and themes between the participants. I paid close attention to the similar responses and made notes of what I was seeing. Once I had a list of themes I had identified, I began to identify the final themes for this study. To do that, I examined each theme and identified the themes that provided strategies to reduce employee burnout. I then reviewed those themes to ensure the themes provided strategies with connections to the JD-R theory and the literature. The components of the JD-R theory are (a) demands, (b) resources, (c) exhaustion, and (d) engagement (Schaufeli & Bakker, 2004). Job demands and job resources interact with one another to influence job burnout and job engagement for an employee (Schaufeli & Bakker, 2004). Job demands are known for being the leading

causes of burnout, and job resources are known for being the main reasons behind employee work engagement (Bakker et al., 2014). The codes and the themes are shown in Table 2. Each theme identified resulted from coding and review through the JD-R theory lens and is described in detail, along with direct interview quotations to support the discussion.

Table 2

Data Analysis Codes and Themes

Themes, subthemes, and codes	*n* of participants	*n* of data excerpts
Theme 1. Identify burnout in employees		
Theme 1.1 Monitor attendance to identify burnout		
Attendance	3	7
Data to Identify and Track Burnout	4	7
Demeanor	1	2
Turnover	4	16
Theme 1.2 Use one-on-one communication to identify burnout		
Communication	4	31
Transparency	2	2
Rounding	3	3
Theme 1.3 Use surveys to identify burnout		
Surveys	4	15
Engagement	2	5
Action plan	2	3
MBI	1	4
Theme 2 Implement a mentorship program		
Mentorship Program	2	6
Age and Burnout	4	13
Theme 3. Understand the state of your employees' well-being		
Theme 3.1 Assess each employee's job resources		
Lack of energy with work	4	6
Job Resources	3	5
Autonomy	3	13
Flexible Schedules	4	8
Support	2	25
Theme 3.2 Encourage self-care to promote resiliency and reduce burnout		
Self-Care	4	14
Resiliency	4	15
Therapy	4	7
Employee Assistance Programs	3	3
Library	3	5
Wellness Committee	1	1
Wellness Fair	1	1
Time Off	3	8
Theme 4: Enhance the workplace environment		
Bullying/Hazing	3	6
Culture	3	7
Culture in Medicine	3	7
Transparency	4	14
Rounding	2	2
Engagement	2	5
Communication	3	31

Emergent Themes

Qualitative thematic analysis identified four key themes related to the research question: “What strategies do healthcare leaders use to reduce employee burnout?" The themes identified provide strategies leaders can use to identify employee burnout, support the employee’s job resources, minimize unnecessary job demands, and enhance the workplace environment to reduce employee burnout. Job demands refer to the pressures of everyday work-life that require physical and mental effort, such as work overload, which can have psychological costs to an individual (such as burnout). Job resources refer to any aspect of a job that enables an individual to achieve work goals, such as autonomy and supervisor support (Demerouti et al., 2001). The emergent themes of this study addressed the stressful environment in healthcare and how a leader can support employees while promoting autonomy. Below is a detailed discussion of the themes identified along with direct interview quotations and literature to support the discussion.

Theme 1: Identify Burnout in Employees

It became evident during data collection that early identification of burnout is necessary to prevent burnout from escalating in an employee. The participants repeatedly stated the necessity of identifying burnout which is an effective business practice supported by existing literature. Roux and Benita (2020) discussed the importance of identifying burnout to help reduce stress among employees and strengthen their resiliency. Identifying burnout can be difficult as the healthcare professional primary focus is caring for their patients (Roux & Benita, 2020). Thomas et al. (2019) supported how difficult it can be to identify burnout by discussing how healthcare professionals

may be aware of burnout but do not recognize the symptoms in their own life. Healthcare leaders should be mindful of the signs of burnout and utilize the below strategies for identification. While identifying burnout is the overall theme, three critical subthemes represent specific strategies for identifying burnout.

Theme 1.1: Monitor Attendance to Identify Burnout

Three of the four healthcare leaders participating in this study stated that tracking employees' attendance contributes to identifying burnout. This finding confirmed the literature as Chen and Chen (2018) stated that emotional exhaustion is directly associated with absenteeism and turnover intentions from their research surveying over 800 nurses. Eliacin et al. (2018) found burnout is the main reason for high organizational costs resulting from provider turnover and increased absenteeism. Participant A discussed how she identifies employees experiencing burnout in her organization by monitoring "if they call in or they're late for work." Participant B shared similar sentiments as Participant A stating:

> Burnout shows up in attendance issues, tardiness, and call-outs. Our strategy is identifying people at risk by tracking people's attendance. Those are symptoms of burnout. When we see those symptoms, our first idea is to reach out and find out what's going on.

Participant B expressed monitoring the attendance is not about imposing disciplinary actions on the employee. Participant B expressed the purpose is to reach out to the employee and find out what is going on so they can provide the necessary resources to support the employee.

Participant D expressed similar sentiments as Participant B in using attendance issues as an identifying factor to burnout. Participant D stated:

> You will start to notice someone who's never had any attendance problem, all of a sudden are starting to have callouts. Um, they're tardy, they're not making it to huddle quite on time. They're asking to leave early that day.

Participant C was the only healthcare leader who did not discuss using attendance as a strategy to identify employee burnout. Participant C discussed other techniques in identifying burnout, as discussed below. The responses of three out of the four healthcare leaders emphasize the importance of monitoring employee attendance as a tool to identify burnout. The responses also indicate leaders should not use the tool as a punitive strategy. Monitoring attendance should be a leadership strategy to open communication with employees and identify the root cause of the attendance issues to provide proper resources to the employee to reduce burnout.

Theme 1.2: Use One-on-One Communication to Identify Burnout

All of the participants emphasized the importance of one-on-one communication as a key strategy to identify burnout. For example, Participant A stated:

> We identified early on that we needed to stay ahead of the game and communicate. The first strategy that we had that really helped slow down burnout and the curve of our turnover rate is that we communicated everything that was going on with the employees. We communicated that we identified burnout is real, a lot of people are suffering, and we are working hard to help people as much as we can. We do check-ins with the leaders and the staff as much as possible and

> ask questions about how they are doing, is everything going okay, and what is it you need? Employees have really valued knowing we are transparent and informing them this is what we are working on, and we're going to do our best.

Participant B shared similar sentiments by expressing how critical communication is for the leader to identify who may be at risk for burnout. Participant B expressed the human side of employees stating, "We're human beings, and we're caring for people. Some of the things we go through are really challenging and difficult situations." Participant B emphasized the importance of teaching employees to communicate their feelings by stating, "Communicating when things are not feeling quite right for you is really critical before burnout happens." Participant B continued:

> I really can't emphasize enough how important the communication piece is. We've had nurses who have been really frustrated by the time I've spoken with them. Sometimes things are very solvable, but without that communication, we would not have known what was going on. Job satisfaction and burnout are heavily influenced by the communication that we have and the support that we receive. Communication has been a game-changer. I've had many nurses over the last couple of years say how meaningful it is when I've reached out to follow up because I'm now aware there's an issue. I've had nurses who have said, you know, "I worked for A, B, C, this never happened before. No one ever got back to me. This is so different here." It has been really positive feedback about how quickly we're able to respond and be responsive to their needs which I think helps

> solve problems before they really snowball and turn into situations we can't come back from.

Participant C also highlighted the importance of having communication and discussed the importance of having conversations around burnout. Participant C discussed the importance of the individual impact on employees through communication by stating, "It's hugely meaningful just because we're willing to have this conversation, first of all, about burnout. Having that attitude about caring for each other is a good thing." Participant C discussed current challenges with physicians and why communication is so important. Participant C stated:

> Some physicians feel like the work is no longer being valued. Combined with that loss of autonomy and that loss of respect, there is that feeling of hopelessness. You know, trying to battle some of the regulatory requirements, the quality reporting, prior authorizations from insurance. It's just every day. It's sort of like many physicians feel like they're trying to push water uphill. So, they're primed and set up to feel really burned out.

Participant D shared the same concerns as Participant C regarding regulatory requirements and the importance of communication. Participant D stated:

> The world that we live in now, the autonomy has become smaller and smaller and smaller, and every day, it is minimized. We get more added to our plates, and whether it be audits and tracers and regulatory, whatever that may be, it's great for quality, but within that there is a degree of autonomy that's going to be lost with all the trust and verifying. The team feels the pressure. When they're losing

> that autonomy, they're so busy being task-oriented, they get really frustrated and that frustration turns into burnout.

Participant D explained she combats the issues with autonomy and regulatory requirements by giving her employees feedback and using communication to explain to them why the requirement is needed. Participant D stated, "They need to understand the why behind it."

Participant D further addressed the importance of one-on-one communication with employees to identify burnout by stating:

> You have to know your people. Those one-on-one meetings really tell them that they're valued and add worth to our team. One-on-one communication and recognition are critical to them feeling, um, that what they're doing matters. People trust us and will come and talk to us and let us know when things aren't going well. Building those relationships from the get-go are what will make or break your team. So really my job is to work for them. To make it the best unit that I can. And so, for me, it's constantly about that communication.

All healthcare leaders participating in this study were passionate about the importance of building strong relationships, fostering open communication, and building strong relationships. These findings confirmed literature as Hargett et al. (2017) discussed the importance of leadership in healthcare and the highest-rated qualities for leaders were to act with integrity, have effective communication, have professional ethical values, pursue excellence, build and maintain relationships, and be able to think critically. Bayhan Karapinar et al. (2016) confirmed the importance of support by

reporting when employees have a support system at work, they have more resources to handle their job demands. Healthcare leaders should rely on their communication with employees to identify burnout and provide employees with the necessary resources.

Theme 1.3: Use Surveys to Identify Burnout

All of the participants stated they relied on surveys to identify burnout among their staff. Participant A discussed the importance of surveys to help identify burnout and said people appreciate the transparency and the communication with them. Participant A described some of the questions on the surveys she used: "How do you feel valued? How do you feel safe? What does value mean to you?" Participant A discussed the importance of understanding how her employees feel valued and knowing whether they wanted recognition through a handwritten note, a coffee card, or something else. These findings support literature as McFadden et al. (2018) discussed providing employees with a reward resource allowed the employee to feel recognized for the work they accomplished. McFadden further explained when employees do not have rewards, they feel inefficacy within their work and are at risk of experiencing burnout. Olson et al. (2019) suggested leaders should include the employee's job resources into their recognition by offering rewards or services that will ease the employee's job demands.

Participant A further elaborated on how the organization has relied on surveys, especially in light of the COVID-19 pandemic. Participant A reported she used surveys to track employee engagement, employee satisfaction, retention, and turnover. Participant A also reported how burnout had affected her entire organization, stating:

> It's been a long road since the pandemic started. It's been war. We had a lot of burnout and a lot of turnover. We've lost nurses across the board and not only nurses, but respiratory therapists, CNA's, physicians, social workers, dietary aids, environmental services. It's affected everyone across the board no matter your degree, your culture, your gender. It's affected 100 percent across the board.

This finding supported literature as Dasgupta et al. (2019) stated higher levels of education and professional degrees reduced the risk of burnout in fields outside of healthcare. However, Dasgupta et al. found that higher levels of education did not reduce the impact of burnout on healthcare employees.

Like Participant A, Participant C expressed the importance of utilizing surveys to identify burnout, stating, "If it can't be measured, it can't be improved." Thomas et al. (2019) discussed how challenging it could be to identify employee burnout and discussed a tool to be used, such as the Maslach Burnout Inventory (MBI). Participant C was the only healthcare leader participant interviewed for this study who had personally used the MBI with employees to identify burnout. Participant C stated:

> I wanted to find out what our baseline values were using the Mini Maslow Burnout Inventory just to find out where we were at. Then after a year, administer the same test and see if there were any improvements with the efforts we were making.

Participant C explained his preference to use the mini MBI survey because he did not want to administer the entire thing because there were too many questions. Participant C stated, "Docs are busy. If you can't get the data in 10 questions, you're out. You're

asking the wrong things." Thomas et al. (2019) discussed in their article about burnout that the MBI was developed for research purposes and not to be used to diagnose burnout. Doulougeri et al. (2016) also recommended that MBI not be used to diagnose burnout due to the high probability of over-diagnosing burnout. The researchers argued that when using the MBI as a medical diagnosis tool, it treats burnout as a unidimensional concept that forces all focus on emotional exhaustion. Despite these reservations, the MBI is the most widely recognized tool used to measure burnout in organizations. Thomas et al. advised that people administering the MBI need to be cautious and determine whether the individual is experiencing burnout and not an illness such as depression. Participant C expressed similar sentiments by clearly stating you have to first identify those who have depression and/or alcohol abuse disorder. Participant C emphasized the difference between depression and burnout and emphasized how burnout is not depression. Roux and Benita (2020) confirmed these findings by discussing the similarities between burnout and depression and how they can appear simultaneously to each other. Roux and Benita further discussed that while they sound similar, they're independent of each other. Roux and Benita stated that burnout is related to work activities, while depression encompasses the individual's personal life as well. Participant C shared similar statements surrounding depression and burnout and the difference between identifying the two. Participant C stated:

> Burnout is depersonalization, a feeling of hopelessness, a lack of energy with work, and feeling disengaged. Those are the overarching themes of burnout. It's not depression. I really want to emphasize that. Depression is a diagnosis to a

> medical problem. Work can contribute to it, but it's a mood disorder. In healthcare, workers who are depressed may be more prone to burnout. Burnout can lead to symptoms of depression but not lead to it. It's an interesting mix, and I don't think they're 100% mutually exclusive because they can feed on each other. You can be burned out without being depressed. Let's say the physician or nurse is not at work, and they're at home, and they're engaged at home, and they're happy with their home life, when they go to work, they're burned out. So, it's not really a mood. It's that emotional state in their approach to work. Whereas the depressed employees in healthcare are going to be depressed at work. They're going to be depressed at home, and they're going to have those signs and symptoms across their entire life. The only way you are going to tease that out is if you really interview, interview the worker in a healthcare setting with a mental health professional.

Participant C made it clear how vital data is in identifying burnout and stressed the importance of having a mental health professional interview the worker if the organization is going to choose to utilize the MBI, so they can differentiate depression from burnout with employees. Using the MBI tool can be a great resource for leaders to measure burnout if they are aware of the tool's limitations and have the appropriate professionals administering it.

Participant B discussed how she closely tracks retention rate as a strategy to identify burnout like Participant A. Participant B further discussed using employee surveys to identify burnout. Participant B stated she also uses employee exit interviews to

identify burnout trends. Participant B explained the exit interview might not be able to retain the employee participating in the interview, but it is a tool used to make the organization better in the future. Participant B stated:

> We do exit interviews. That's also helpful information. The unfortunate thing with exit interviews is whatever has happened has already happened. So, the burnout, you're not really going to be able to change that particular nurse. By the time it's identified in an exit interview, there's not a whole lot we can do to really repair that. What we can do, we can take that information and try to apply it to nurses going forward. It gives us some meaningful information.

Participant C highlighted how essential surveys are as a tool for healthcare leaders stating, "If you don't have data, you really can't figure out which way you're going." Leaders should utilize both communication strategies and survey strategies together to identify burnout. Participant D highlighted the importance of each by stating:

> My engagement survey data tells me a lot. It is very challenging to evaluate outcomes without the data to support it. But the numbers do not give me that personal touch where I know that there is something more going on there. When there is a survey, the intent is not for me to know who is saying what. The intent is for me to get an overall idea through the survey. When it comes to each individual and recognizing their level of burnout, their resiliency, where they are at, I feel like that is my responsibility as a manager to have that relationship. When it comes to resiliency and burnout, the relationship is still the biggest piece for me. When you are a desired unit and a desired leadership team that people

want to be a part of, it makes it harder for them to go. They feel supported. They feel loved. You can get some of that from a survey, but a survey isn't going to keep my people here as much as I will.

Theme 2: Implement a Mentorship Program

Two out of the four healthcare leaders successfully implemented a mentorship program to reduce employee burnout within their organizations. The participants stated they felt having a mentorship program provided support and encouragement to new graduates entering the healthcare field. Implementing a mentorship program is an effective business practice supported by existing literature. Literature confirmed these findings as Bayhan Karapinar et al. (2016) discussed employees who have a support system at work have more resources to handle their job demands. Colon et al. (2020) discussed the importance of having a mentorship program as it allows employees to have excellent career preparation, and being mentored promotes resiliency and team support. Santos and Evans (2020) supported the idea of a mentorship program stating that lack of mentorship is a risk factor for burnout. Participant B expressed the importance of having a mentorship program and ensuring you have employees volunteer to be mentors, as they have to have a desire to mentor new graduates.

While only two out of the four participants discussed a mentorship program, all of the participants stated that age correlated with burnout, and younger employees are more susceptible to burnout, leading them to quit their job or leave the medical field altogether. All participant leaders recognizing age as a factor for burnout supported the necessity of implementing a mentor program for new graduates. Literature supported this finding as

Dyrbye et al. (2020) observed similar results by discussing how younger workers are at greater risk of experiencing burnout. Participant A reported that most turnover in her organization occurs in people in their late 20s and 30s. Participant C also said burnout occurs more frequently in the "younger generation." Participant C elaborated stating:

> There's a maturity that comes with practice. I've been doing this for 20 years, and I respond differently to bad outcomes than I did when I was first in training. There's more perseveration. There's also more self-doubt when you're not as experienced.

Participant B shared similar sentiments to Participant C stating younger nurses have: "a lack of confidence. They're not confident in the skills that they bring to the table and, you know, sometimes they feel really overwhelmed with what's actually involved." Participant B stated for her strategy she implemented a mentorship program for new graduates. Participant B stated:

> I've had nurses that we have brought in that were new grads that told me this was their last attempt. They were going to give it one more try, but they weren't sure they were actually cut out to be a nurse. So that type of feeling, some of it is created by the bullying that occurs in nursing. We see experienced nurses who are put in a position to mentor, but they weren't maybe asked about mentoring, or maybe it's not anything they had an interest in doing. So, what we see is these new nurses totally deflated and a lack of confidence leading to burnout. For our strategy, we put together a training program for anyone who wants to be a mentor.

> We use a nationally accredited platform, and it's a specific training program that we put all of our mentors through, as well as the preceptees.

Participant D described a similar sentiment as Participant B regarding the challenge's new graduates face and the importance of having a mentorship program. Participant D stated:

> There is a lack of curriculum being provided to nurses about resiliency, burnout, and all of that. A lack of understanding of that throughout nursing school and then they get into acute care environment or whatever environment they enter into in healthcare, and it's a bit shocking. You can see they all have these great ideas and all this great momentum, and they will be like that balloon that is super filled up and excited, and they will fizzle out really, really fast.

Participant D discussed how she supported her younger nurses by implementing a mentorship program. Participant D stated:

> We created a mentorship program for our new grad nurses. So, they go through a nursing internship, and we pair them with a more experienced nurse that is on their unit. This gives them the opportunity just to meet and start talking through things. What I've discovered about our new generation is they are looking for new doors and new opportunities, and so, really focusing on how to succession plan with them and slow them down to get those points to really hit some mile markers is really helpful to them. They need to know that they're going somewhere and that they are also connecting to their why. That's a really big deal for them. Being with a mentor, they're able to talk through, debrief, process through some things

> of whether it was an interpersonal relationship on the floor they struggled with or a patient; an experienced nurse can help give them a little bit of a different perspective, no matter what generation they're from, even if they're only a couple years older than them. They really need a lot of debriefing and to know that they're still doing a really good job. This is normal. It's okay to feel this way.

Like Participant B, Participant D stated that any of her employees who participate to be a mentor must volunteer. Also, like Participant B, Participant D saw many new nurses who were not only leaving their nursing position but leaving the field of nursing altogether. Participant D recognized the opportunity and need for the mentorship program after seeing this trend. Literature confirmed these findings as Olson et al. (2019) discussed how burnout is an obstacle for leaders because burned-out employees are proactively looking to cut back on their clinical hours or decide to stop practicing altogether. Olson determined one in five physicians have plans to minimize their clinical work or leave medicine altogether. Han et al. (2019) discussed turnover with physicians stating a physician experiencing burnout is more likely to reduce working hours or even leave medicine entirely. Leaders should implement a mentorship program to support new graduates, build their confidence, reduce burnout, and decrease turnover.

Theme 3: Understand the State of Your Employee's Well-Being

Burnout takes a tremendous toll on a person's well-being. All of the healthcare leaders who participated in this study discussed the importance of addressing employee well-being to reduce burnout. Addressing employee well-being as a strategy to reduce burnout is an effective business practice supported by existing literature. Lebrón et al.

(2018) reported an employee who is not receiving adequate support from their leader is at increased risk of experiencing negative emotions that lead to emotional exhaustion. Montano et al. (2017) suggested leaders can improve their employees' emotions by providing consistent feedback and communicating support. Healthcare leaders who understand the state of their employees' well-being can provide resources to the employee to reduce burnout. Participant A described burnout stating:

> Burnout is a sense of loss, a sense of not knowing our purpose, a sense of overwhelming, um, just being completely overwhelmed and feeling helpless and um, you know just absolutely to the bottom of the road of any kind of resources, like you've depleted all of your resources.

Participant A further explained how burnout's mental health ramifications were exemplified during COVID-19 stating her employees were:

> Losing their spirit. It was like they lost, you know, they lost their happy. They lost their soul. They lost their you know, true north. It was just so scary and so cumbersome and tiring.

Participant D discussed similar sentiments regarding COVID and burnout as Participant A stating:

> The pandemic definitely, um, yeah, it brought out a ton of different mental health issues. It brought out isolation issues. It brought out anger issues. There was fear. There was frustration. So, there were a lot of feelings. So many unknowns of what tomorrow was going to look like. Um, it was really, really hard on a lot of people.

Participant C expressed his personal experience stating:

> I myself wasn't burned out during COVID, but I will say professionally, personally, mentally, and emotionally, for nine to ten months, that was the most trying experience of basically my entire life. To walk into that zone, knowing you might get a virus and die every day because you're an anesthesiologist and you're managing airways with COVID patients. There are a lot of physicians right now who are experiencing massive depression and PTSD as a result of COVID.

One of the most alarming safety concerns related to burnout and the employee's well-being is the issue that suicide risks increase for a healthcare professional experiencing burnout (Koyle, 2020). Participant C expressed similar sentiments by discussing an ER physician who got COVID stating, "she got COVID, and she couldn't help these patients, and she ended up committing suicide at the age of 49, after having no psychiatric history at all."

The mental health ramifications of burnout can be significant for employees. Employee well-being involves their level of burnout, health, motivation, and work engagement (Bakker & Demerouti, 2017). Literature confirmed these findings as Stewart et al. (2019) stated physicians take their own lives twice as much as the general population and at a higher rate than any other professional. Shanafelt and Noseworthy (2017) stated leaders have an ethical and moral need to address burnout as physician burnout leads to alcoholism, broken personal relationships, and physician suicide.

Participant C also discussed the negative effects of an employee's well-being on patient care. Participant C explained burned-out physicians may not have compassion or empathy for their patients stating, "someone who's burned out, they're just, really going

to be disengaged and not care. It's just almost complete disengagement." Participant D shared similar sentiments as Participant C discussing the negative effect burnout has on patient care. Participant D stated, "it affects their tone, their presence in the room, their listening skills, their empathy, their compassion. When they don't have anything for themselves, how in the world do they give that to anyone else."

The literature supported these findings as Larsen et al. (2017) described depersonalization (an effect of burnout) as an individual becoming callous, emotionally hardened, and detached from patients. Couser and Agarwal (2019) described depersonalization as a person being detached and not caring; sufferers view people as objects. McKee et al. (2020) found patients who had a positive experience in their provider experienced lower burnout levels; therefore, suggesting interventions targeted to improve patient experience should also focus on interventions to reduce burnout. Considering healthcare is emotionally challenging and requires significant empathy, depersonalization can have severe consequences for healthcare organizations (Shaikh et al., 2019). A healthcare professional who is experiencing depersonalization may be cold to their patients, affecting patient outcomes. Depersonalization is another reason leaders should focus on their employee's emotional well-being, and below is a discussion on strategies leaders can use. While understanding the state of your employee's well-being is the overall theme, two critical subthemes represent specific strategies for understanding the state of an employee's well-being.

Theme 3.1: Assess Each Employee's Job Resources

The JD-R theory is essential to understanding well-being and assessing whether the job resources available are sufficient to handle the job demands. The healthcare leader should determine the employees' job resources to understand better what is needed to support an employee's well-being. All of the participants discussed the resources they provided to their employees and the importance of having them. It is essential to recognize that each individual is going to have different job resources. Job resources are subjective, and what is a resource for one person may not be a resource to another person. Participant A explained this stating:

> What is a resource for me definitely may not be a resource for anyone else. I work with a lot of millennials that are in their 30s and we have completely different things that fill our soul. We ask what we can do to take care of you to where you'll have less stress? Feel more valued, more safe? What fills your bucket? It is important, you know, that you have resources. You have to have your village to help you. To take care of things, and to keep everything together.

All of the healthcare leader participants discussed the importance of autonomy as a job resource the leader can provide to employees. Participant A addressed the value of offering autonomy through staff scheduling and allowing the staff to choose their shifts. Participant A stated:

> The flexible scheduling has helped the most because a lot of the burnout is due to not being in control. Giving people a sense of control over their scheduling helped

them feel like they had control over something. We try to focus on what we can control and grasp at it and run with it.

Participant C shared similar sentiments as Participant A. Participant C discussed how high turnover and disengagement have negatively affected his organization. Participant C shared that providing autonomy is a strategy to lessen turnover and alleviate burnout symptoms. These findings support literature as Olson et al. (2019) advised leaders to give physicians control and autonomy by fitting their job to their personal preferences. Olson explained the physician would respect the leader for their collegiality and support, further promoting engagement. Jiménez et al. (2017) stated having a feeling of control is critical to one's work-life satisfaction and a resource for giving control to employees is to support autonomy. Participant C stated, "Autonomy is number one. Physicians value their autonomy because they work hard. They don't mind working hard, but they want to work hard when they can, not when they're told." Like Participant A and C, Participant B discussed the importance of providing autonomy to employees through flexible scheduling stating, "Our schedules are incredibly flexible. We allow nurses to pick and choose what their schedule is. It lends to there's a lot of autonomy."

Three out of the four participants emphasized taking time off as a resource for employees, and leaders can provide this resource by encouraging employees to take the time to take care of themselves. Literature supported these findings as Jiménez et al. (2017) stated emotional exhaustion increases if the employee does not have a chance to recover from their job demands. Jiménez et al. stated leaders could help the employee mitigate emotional exhaustion by providing them with opportunities to take time off and

recover from their work demands. Participant B reported the vacation time they allow their employees and their flexibility to take time off. Participant D shared similar sentiments stating, “Their PTO really matters to them.” Participant A addressed the importance of encouraging her employees to take time off and recharge to return and be more centered and focused on work. Participant A discussed the importance of incorporating time off and flexible scheduling as a strategy leaders can use to reduce burnout stating:

> People would stop in my office, and they would just say – “my work schedule is the most important thing to me because I value my time off.” Just getting to know what works best for people because they value their time off.

Participant A and D both shared the same technique in assessing employee’s job resources by asking their employees in one-on-one communication - “What fills your cup?” or “What fills your bucket?” Participant D emphasized the importance of one-on-one communication to identify employees job resources, identify where they are at, and work with them to provide them the resources they need to be most successful. Participant D stated:

> When we’re doing one-on-ones, I ask them, “What are you doing to fill your cup outside of work?” “What does that look like to you?” Sometimes it’s family things for certain people, and other people, it’s getting away from others. And so, I am asking how are they doing that, and that gives me the knowledge to be able to check in with them often and ask, “Hey, how are you doing? Have you been able to go hiking lately?” That type of thing. Whatever it is that fills their cup.

That knowledge is the power to really encouraging them and checking in with them.

Participant D stated she also uses those meetings to identify how employees like to be recognized and how they feel valued as a member of the team. Participant D emphasized the importance of job resources by stating, "I continuously look at the resources we do have and remodel them as necessary." Leaders should understand the importance of providing employees with job resources valuable to them. Literature supported these findings as Demerouti et al. (2001) asserted that burnout develops in employees when their job demands are high and their job resources are low. Dreison et al. (2018) stated job resources are critical for reducing burnout. Dreison recommended leaders identify their employees' job resources and work to provide those resources to employees. Healthcare professionals need to have adequate job resources to manage their job demands effectively, so the risk of burnout is mitigated.

Theme 3.2: Encourage Self-Care to Promote Resiliency and Reduce Burnout

Healthcare leaders should understand their employee's well-being as a strategy to reduce burnout. In healthcare, employees have high-stress work that takes emotional tolls on their health and well-being (Ledikwe et al., 2018). In this study, all the leaders discussed the importance of self-care in reducing burnout. The leaders in this study discussed how encouraging self-care among employees promoted resiliency and reduced burnout. Participant B stated, "I think burnout has caused us to do a lot of self-reflection in how we manage nurses, how we handle their emotional side of things, um, and how it is that we help better support them." Literature supported these findings as Colon et al.

(2020) discussed how self-care reduces burnout and contributes to a more resilient individual. Colon explained that having mindfulness exercises and educational programs about self-care is a proven method for combating burnout. Roux and Benita (2020) supported the idea that mindfulness is a recommended activity to decrease stress related burnout and recommended having employees participate in yoga. Leaders who promote self-care within their organization will be increasing the resiliency among staff and reducing the symptoms of burnout.

All participants encouraged self-care among their employees and provided self-care interventions in the workplace as a strategy to reduce burnout. Participant B stated:

> We give out all new employee's stress balls as part of their goody bag, as well as a handout on stress relief. We also have a yoga class. We've contracted with an outside instructor, and she offers two Zoom yoga sessions for our staff each week. It's another great way for people to, you know, in their workout attire, meet one another and do a little healthy stretching and moving. It's definitely great for stress relief.

Participant A shared similar sentiments of Participant B and discussed the importance of people taking care of themselves. Participant A stated:

> I went out and bought a massage chair, and I put it in an empty conference room in my observation unit. So, staff can go in there for their breaks, they can go in, and we've got a little rock salt light. Then they can just go in there and shut the light off and turn that on and we give them 45-minute breaks, which is really nice. It's made a difference.

Participant D explained that educating staff on self-care is very important because not everyone understands what self-care is. Like Participant A and B, Participant D has implemented self-care interventions within her organization. Participant D stated, “I’ve had a massage therapist come in, and they can sign up for 15-minute blocks, just to get a few minutes of peace and quiet. We do wellness fairs and focus on the benefits that we have.” Participant D further stated she educated employees on the organization’s resources to help with resiliency and burnout. Participant D emphasized the importance of educating employees on the resources available, especially with the younger generation. Participant D stated:

> They also need to be taught more about self-care. They need to understand the value of breaks. Um, they have a lot of issues with letting go of control, um, in certain areas. So, giving them that opportunity to say it's okay to take a break, and have your lunch, and eat outside or get off the floor. You actually are more productive and more effective in your patient care. And so, giving them permission for certain things has been very successful, and us just really working on the resiliency of our younger group.

Like Participant A, Participant D created a quiet area in her department where people can “sit and take a deep breath.” Participant C also implemented self-care resources for his employees. Participant C discussed the value of his wellbeing committee and stated:

> When I formed the wellbeing committee, I had the CFO, the CEO, the interdisciplinary leaders, and we brainstormed. We did a SWAT analysis and

> created low-hanging fruit strategies. I put a wellness library and a doctor's lounge. We did a wellness walk. We had a gym that was built, which was the most expensive thing. It was in the hospital, so people could actually work out prior to coming to work. The best thing was having these conversations about burnout and making everybody aware of the issue**.**

Literature supported these findings as Dyrbye et al. (2017) stated that solutions to meet job demands and manage stress should provide employees with tools to promote self-care and develop strategies to promote their well-being. Roux and Benita (2020) emphasized how prevention for burnout is critical but not always easy to do. It is difficult for healthcare workers to prioritize time because they are so focused on patient care. Roux and Benita further discussed the importance of reducing burnout by focusing on self-care. Lee et al. (2016) advised leaders to provide training to staff to promote employee well-being and focus on providing healthcare employees with coping strategies to decrease burnout. Leaders should work with employees on an ongoing basis to identify the different stressors employees face as assist in providing effective coping strategies (resources).

Theme 4: Enhance the Workplace Environment

Leaders hold a significant role in the workplace environment. The more present and engaged the leader is, the more present and engaged the employees will be. Enhancing the workplace environment as a strategy to reduce burnout is an effective business practice supported by existing literature. Thomas et al. (2019) emphasized the importance leadership has to create less stressful environments by holding

transformational leadership traits and making positive impacts on healthcare professionals. Colon et al. (2020) assessed how physician training affects employee burnout. Colon et al. explained that employees trained to meet pressured time demands carry that into their current work environment. Leaders should recognize the high demands of healthcare professionals to be present for them, support them, and help alleviate their stress. Participant C shared similar sentiments stating:

> It's a totally different culture in medicine. Medical training is highly toxic and it's very sacrificial. The nature of our training primes us to burnout as well because we set unrealistic expectations for ourselves and you know, we're expected to work hard. We can't admit we're tired. We can't admit our failures. We're set up now in a system that puts so much pressure on us production wise, and it's almost impossible to feel like you're doing a good job, which most physicians want to feel like they're doing a good conscientious job.

Participant C further stated, "Medical student burnout leads to resident burnout leads to attending burnout. The kernels of these burnout seeds are really sewn very early in our training." Participant B expressed similar sentiments as Participant C regarding the culture of nurses. Participant B stated:

> In recent years I've really realized that a lot of times nurses seem to feel that it's a weakness if they grieve a patient. They seem to feel that they're not supposed to be impacted. And there seems to be some level of resistance almost to acknowledging.

Participant B discussed how training was different for older nurses because there wasn't much talk about self-care and how nurses struggle to reach out for help, which leads to burnout. Participant D shared similar sentiments as Participant B and discussed the issues with not having a curriculum in school that addresses burnout and resiliency, which creates employees who are less equipped to handle it. These challenges emphasize the necessity for healthcare leaders to place importance on the workforce culture and be present for their employees. Participant D discussed her strategy to enhance culture was through communication. Participant D frequently rounds with her staff stating, "My calling is to love on nurses and love on CNAs. That is why I do what I do. They are the ones that fill my cup up." Participant C also emphasized the importance of present leadership by stating:

> There are different types of leaders in the world. They're very autocratic or they have always wanted all the control, and then there are others who recognize the contributions from those underneath them. Selfless leadership makes a huge difference. Servant leadership makes a big difference. Being a leader and being engaged, I think is an antidote to burnout. I care deeply about my patients. I care deeply about my colleagues. I care deeply about the people who are under me. And that, that alone right there has made me very resilient.

Participant C also discussed the consequences of having a leader who is not present stating, "We talked engagement from physicians, but, I'll flip the coin here. What about CEO engagement with the physicians?" Participant C described a leader who would do work rounds stating, "He walked around the organization to see what was

going on the floor. He didn't sit in an office and listen to all the other people come to him with these problems. He wanted to see them firsthand." Participant C supported the present leader and used that as his strategy with his employees. Participant C stated, "How am I supposed to respect somebody who's just sitting in an office and doesn't engage and then wants us to engage. No, I'm sorry, it goes both ways." Literature supported these findings as Campbell (2019) found that leaders who do regular rounding facilitate a compassionate workplace environment and provide patient-centered care. Farr and Barker (2017) found rounds to reduce stress, build engagement, and increase the potential of creating compassionate staff. Participant C explained that one of his strategies to reduce burnout is to be a present leader for his employees. Participant D shared similar concerns regarding leaders who are not present on the floor by stating employees do not feel supported when the leader is not present. Participant D stated, "I like to be on the floor with them helping. My job is to work for them to make it the best unit that I can. For me, it's constantly about that communication.

Participant B shared similar sentiments by discussing how she consistently follows up with employees. Participant B will ask the employee what she can do to improve things and stated people appreciate her engagement. Healthcare leaders should be present leaders to create a workplace environment where employees feel supported and valued. Employees will want to engage with their work because the leader is engaging with them. Participant D discussed when leaders are not present, employees do not feel valued. Participant D stated, "they don't feel valued. They don't feel like they have a lot of worth. They are just worker bees, and they do what they have to do. They

clock in, and then they clock out." Participant D further discussed her strategy for being a present leader and the results she has seen stating:

> When you are present, and people know they matter, their investment level is much higher. That will trickle into our quality, into our safety, into our patients. That kind of engagement makes us stronger, safer, and a more desired unit to be a part of.

An employee's work environment is a critical factor in their development of burnout. Literature supported these findings as McCormack et al. (2018) asserted the work environment to be one of the most common job demands contributing to burnout. Lewis and Cunningham (2016) declared the leader's actions have the most influence over the work environment. Couser and Agarwal (2019) affirmed the leader sets the tone for creating an environment prone to burnout or prone to increased engagement and healthy relationships. Boamah et al. (2018) reported that work environments that are not compassionate, lack communication, and do not provide support are more stressful and more likely to cause burnout. Leaders can promote a positive work environment and decrease burnout by being a present leader who engages with staff and provides transparent communication.

Connections to Theory

The findings from this study contribute to the literature on successful strategies some healthcare leaders use to reduce employee burnout, primarily through the utilization of the JD-R theory of Demerouti et al. (2001), which is the conceptual framework for this study. Demerouti et al. (2001) asserted that burnout develops in employees when their

job demands are high, and their job resources are low. The JD-R model can be used to predict job burnout, organizational commitment, and work engagement. The JD-R model can also indicate the consequences of burnout, such as increased absenteeism and decreased job performance. The JD-R model further indicated an employee centers their well-being around their level of burnout, health, motivation, and work engagement (Bakker & Demerouti, 2017). Demerouti et al.'s theory supported the themes. The healthcare leaders who participated in the study emphasized the importance of an employee's positive well-being to reduce burnout. The healthcare leaders supported their employee's well-being by bringing self-care into their organization (massages, massage chairs, salt lamps, quiet rooms, and the like.) and teaching their employees the importance of taking time off of work and reenergizing.

The JD-R theory's central theme is that employees need to have enough job resources to handle their job demands, or burnout occurs (Bakker et al., 2014). Job demands refer to the pressures of everyday work-life that require physical and mental effort, which can have psychological costs to an individual (such as burnout; Demerouti et al., 2001). Examples of job demands are work overload, pressured deadlines, and patient crises (Dreison et al., 2018). Job resources refer to any aspect of a job that enables an individual to achieve work goals (Demerouti et al., 2001). Examples of job resources are supervisor support, autonomy, and promotion (Dreison et al., 2018). All healthcare leader participants emphasized the importance of having strong communication, supportive leaders, and personal autonomy as a resource to reduce burnout.

The healthcare leaders in this study encouraged communication with their employees by staying engaged in the workplace and implementing one-on-one communication with their staff. The healthcare leaders supported their employees by conducting rounds on the floor and being present. The healthcare leaders provided autonomy to their employees by giving them a choice, when appropriate, on how somebody could handle a situation with work and offered them autonomy over their work schedules. The participants of this study discussed how vital communication is as a strategy for the leader and placed value on hearing their employee's ideas. As Participant D stated, “I recognize my team is the experts at what they do. I need them to help us make decisions and say: What does that need to look like? What are your guys’ ideas?” Health care leaders should implement one-on-one communication with their employees, promote autonomy, and value their employees' ideas.

Identifying personal resources is essential in reducing burnout. An employee has fewer symptoms of burnout when they have access to sufficient job resources and have a supply of personal resources. (Hakanen & Bakker, 2017). Healthcare leaders in this study reported increased communication with their employees made them feel appreciated. The healthcare leaders further said they provided job resources to their employees by discussing self-care techniques and providing spaces in the workplace where one could go to decompress and relax. The healthcare leaders reported the importance of encouraging self-care and identifying what their employees needed to “fill their cup.”

With the JD-R theory, the leader can understand and make predictions about an employee's well-being and job performance. The JD-R model can indicate the

consequences of burnout, such as increased absenteeism and decreased job performance (Bakker & Demerouti, 2017). The findings from this study correlate with the theory as the healthcare leaders in this study indicated that attendance was a predictor of employee burnout or a sign that burnout was active within an employee. The healthcare leaders reported seeing a trend with employees experiencing burnout as they would frequently call out of work or come in late. The leaders also noticed that burned-out staff would regularly ask to leave work early and not be engaged. The healthcare leaders would address the employee's absenteeism by increasing communication. The leaders stressed that the increased communication was not punitive. It showed support to their employees and assisted the leader in identifying why the employee was struggling to attend work so they could provide the necessary resources. The results of this study reinforced the appropriateness of the JD-R theory and how it correctly applies to reducing burnout.

Applications to Professional Practice

The purpose of this study was to explore strategies some healthcare leaders use to reduce employee burnout. The findings from this study are of potential use to healthcare leaders who aspire to reduce burnout among their employees. In the following paragraphs, I will discuss why and how the findings are relevant to improved business practice in healthcare and their applications to professional practice. Four applications to professional practice include

- identify burnout to reduce turnover,
- implement a mentorship program for new graduates,
- encourage positive employee well-being in the workplace, and

- enhance the workplace environment.

The first application to professional practice is for healthcare leaders to identify burnout to reduce turnover. Participants discussed the need to identify burnout by monitoring attendance, using one-on-one communication, and utilizing engagement surveys. By identifying burnout, leaders can identify employees who may be at risk of leaving the organization and apply interventions to encourage retainment. An employee suffering from burnout and not receiving adequate support from their leaders is more likely to have turnover intentions (Tillman et al., 2017). Turnover is a direct consequence of burnout and can negatively affect the organization's financial state (Han et al., 2019). Previous researchers revealed that approximately $4.6 billion a year in physicians alone is attributable to turnover and reduced productivity, which is a direct consequence of burnout in the United States (Han et al., 2019). Identifying burnout by monitoring attendance, communicating with employees, implementing surveys, and monitoring turnover rates can help leaders gauge their employees' satisfaction levels, burnout, and turnover intentions. The participants in this study emphasized the importance of having measurable data to monitor retention and turnover to track trends. Leaders should identify burnout to provide resources to the employee and prevent turnover from occurring.

The second application to professional practice is to implement a mentorship program for new graduates. Participants discussed how burnout affects the younger generation more, as they do not feel as confident in their skills. Having a mentorship program allows the new graduate to have a support system to recognize what they are going through and help them build their confidence. Bayhan Karapinar et al. (2016)

discussed that employees who have a support system at work have more resources to handle their job demands. Chan et al. (2020) discussed the benefits of having a mentorship program because mentors have a higher level of experience than the mentees. The mentorship program allows the mentor to provide support to the mentee and establish a trusting relationship. Hoover et al. (2020) discussed the potential mentoring programs have on sustainably strengthening the workforce by relying on the profession itself within the organization. Rohatinsky et al. (2020) observed similar findings by discussing how mentorship programs assist in recruiting and retaining staff. Participants discussed how healthcare leaders can support new graduates by implementing a mentorship program to provide them with a structured support system that will help build their confidence and develop their skills. Healthcare leaders who implement a mentorship program should ensure all mentors volunteer to be in the position as they should have a desire to be a mentor. Leaders should implement a mentorship program to provide support to new graduates, promote staff resiliency, reduce burnout, and decrease turnover, which will create stronger organizations and produce patient care outcomes.

The third application to professional practice is to encourage positive employee well-being in the workplace. Health and well-being in the workplace are not only beneficial to the employee. It benefits the organization by fostering a healthy workforce who will be more engaged with their work and have greater productivity (Steffens et al., 2018). Haddon (2018) stated that mental health is one of the key contributors to employee productivity. Shanafelt et al. (2021) observed similar findings by discussing that caring about people is the foundational leadership skill to inspire individual and team

performance. Participants in this study emphasized the importance of teaching employees self-care and promoting it in the workplace. Healthcare leaders can reduce employee burnout in the workplace by implementing self-care practices in the work environment and educating employees on the importance of caring for their well-being.

The final application to professional practice is to enhance the workplace environment. Participants described the importance of assessing the organization's work environment and being a leader who is present in the organization. Lewis and Cunningham (2016) argued the leader most influences the work environment. Tian et al. (2020) argued that leaders impact employee retention by having effective communication and motivation skills that enhance employee satisfaction. Similarly, Atouba and Lammers (2020) found when leaders communicate with their employees, they gain a sense of personal accomplishment. Participants in this study emphasized the importance of having transparent communication with staff to promote their engagement.

Similarly, Atouba and Lammers (2020) found that transparent communication fosters professional efficacy and allows employees to feel adequate and supported in their roles. Engaged employees and are less likely to suffer from burnout. Leaders can promote employee engagement by being engaged and present on the floor to support their staff. Leaders can enhance transparent communication by frequently communicating with staff and letting staff know you support them.

Job resources are the driving force to employees' work engagement, directly affecting positive results within an organization and the employee's overall well-being (Bakker et al., 2014). A supportive leader who values communication and developing

strong workplace relationships is an excellent job resource for employees. To keep employees engaged and present in the organization, the leader should demonstrate the same engagement level they wish to see. Leaders should be walking around their organization, communicating with their staff, and building solid relationships. Employees will not feel supported if the leader is sitting in their office behind a closed door with little to no engagement with staff. Participants in this study emphasized how communication and support were their most excellent strategies to reducing employee burnout.

Implications for Social Change

The implications for social change include the potential to reduce employee burnout, which can lead to reduced turnover in healthcare organizations. The findings of this study provide healthcare leaders with the necessary strategies to evaluate their employees for burnout and ensure they have the job resources to handle their job demands effectively. A healthcare leader who promotes healthy staff well-being will contribute to the organization's ability to ensure patients have the best care team possible.

This study yielded results that could help leaders reduce employee burnout in the future with beneficial outcomes to the employees, healthcare organizations, and communities. Huhtala et al. (2021) discussed that employee's job demands increase when they have a leader who does not value their well-being. Kang et al. (2020) found a positive correlation with empowering leadership, employee engagement, and patient satisfaction. To be a successful leader, one should engage employees in their work and allow them to make decisions (Kang et al., 2020). Dyrbye et al. (2020 observed similar

findings by discussing that leadership training should equip leaders to engage, develop, inspire, and respect their employees. Dyrbye et al. further addressed the necessity for leaders to provide their employees with the necessary job resources to succeed with their work and provide effective feedback to staff. The findings from this study suggested the influence leaders have over the state of the employee's well-being and the direct correlation between an employee's well-being, turnover, and patient satisfaction. Reduced employee burnout and lower turnover rates can benefit communities by creating stability in the healthcare field and ensuring better health care for patients.

Recommendations for Action

Several themes emerged from this study on healthcare leaders' strategies to reduce employee burnout, resulting in recommendations for future action. Table 3 summarizes recommendations for action by healthcare leaders based on the emergent themes of this study.

Table 3

Recommendations of Action

Recommendation	Related Theme
Track attendance and use communication and surveys to identify burnout	1
Create mentorship programs to promote resiliency and team support	2
Promote employee autonomy	3
Identify your employees job resources and implement stress reduction interventions in the workplace	3
Rely on communication with employees to enhance the workplace environment	4

These recommendations may assist healthcare leaders to reduce employee burnout in their organizations. Below is an explanation of the suggested actions for healthcare leaders.

The first suggested action for healthcare leaders is to track attendance and use communication and surveys to identify employee burnout. As the findings of this study demonstrate, leaders can track attendance and use communication and surveys to identify burnout. As shown in theme 1, identifying employee burnout allows the healthcare leader to have conversations regarding burnout with the employee and provide the resources needed to reduce burnout and prevent turnover. Leaders should track employees' attendance to identify people at risk for burnout since attendance problems can be a symptom of burnout (Theme 1.1). Leaders should also rely on communication with employees to identify who may be at risk for burnout (Theme 1.2). Increased communication may allow the leader to identify any existing problems for the employee to help solve the issues before they escalate (Theme 1.2). The findings also demonstrate how surveys can be an excellent tool for identifying burnout within employees. As shown in theme 1.3, employees valued having their input heard and appreciated the opportunity to provide their input. Healthcare leaders should regularly measure and assess their employees for burnout to implement strategies before burnout symptoms escalate for the employee. As theme 1 showed, both communication and surveys are excellent tools for the leader to use to identify burnout. Surveys are necessary to allow the leader to measure the data obtained for future improvement. Communication can help in developing trusting relationships that encourage the identification of burnout and supports the

employee. Leaders should utilize both communication and surveys as their strategy to identify employee burnout.

The second suggested action for healthcare leaders is to create a mentorship program to promote resiliency and team support. As the findings of this study demonstrate, there are varying levels of resiliency among individuals, and the younger generation is more susceptible to burnout. As shown in theme 2, new graduates lack confidence and clinical skills that can cause them to experience greater levels of burnout. Leaders can combat this by implementing mentorship programs for new graduates that provide a support system and build trusting relationships. The findings of this study demonstrate that all mentors have to be willing to be a mentor and leaders cannot force mentors into the role. When implementing the mentorship programs, leaders should ensure that all mentors desire to participate and volunteer to mentor the new graduates. The mentorship program can reduce burnout by allowing new graduates to process what they are going through on the floor with their mentor and have an experienced professional support them.

The third suggested action for healthcare leaders is to promote employee autonomy. As the findings of this study demonstrate, it is essential to provide employees with autonomy to reduce burnout as employees are losing autonomy secondary to the increase in regulatory requirements in healthcare. Theme 2 showed the leader should ensure they explain why the employee has to complete the task and, when appropriate, allow the employee with the flexibility to complete the job the way they see fit to encourage autonomy in their role. As theme 2 demonstrated, healthcare leaders should

use the employee's work schedule as an effective tool to promote autonomy and reduce burnout. Theme 2 showed how an employee's schedule is a significant job resource to them. Leaders should consider an employee's schedule when promoting autonomy and work with employees as much as possible to give them their desired schedule to reduce burnout.

The fourth suggested action for healthcare leaders is to identify employee job resources and implement stress reduction interventions in the workplace. As the findings of this study demonstrate, employees have different job resources, and job resources are subjective to each employee. The healthcare leader can identify each employee's job resources by using one-on-one communication and directly asking them what resources they need to do their job efficiently (Theme 3.1). As shown in theme 3.1, the leader should then work with the employee to provide such resources to increase productivity and reduce burnout.

The findings demonstrated a significant job resource is implementing stress reduction interventions in the workplace. The findings showed the importance of teaching employees more about self-care and providing self-care space within the organization. As shown in theme 3.2, leaders should encourage employees to take breaks and ensure they know it is okay to time off. Employees who take breaks during their workday are more productive and effective in their patient care (Theme 3.2). As theme 3.2 demonstrated, implementing a space for employees to relax reduced employee burnout. Healthcare leaders can implement stress reduction interventions in the workplace by educating staff on what self-care is. Healthcare leaders can provide a space in the organization where

employees can sit and recoup from their day. Leaders should encourage employees to take their scheduled breaks at work and utilize their personal time off to promote self-care.

The fifth suggested action for healthcare leaders is to rely on communication with employees to enhance the workplace environment and help them feel appreciated. As demonstrated in theme 4, communication helps employees feel appreciated and reduces employee burnout. Theme 4 showed communication as one of the greatest strategies for the healthcare leader to reduce burnout. Healthcare leaders should rely on their communication skills to build trusting relationships with employees and make them feel valued. As shown in theme 4, healthcare leaders should be present on the floor and do frequent rounds to communicate with staff and see first-hand what is going on within the organization. The healthcare leader can reduce employee burnout and show their employees they are valued and appreciated through frequent communication. As shown in theme 4, the workplace environment will impact employee burnout. An engaged leader will create engaged employees, which positively impacts the safety of the organization and the quality of care patients receive.

In the future, I plan to prepare a summary of the emergent themes and practical applications to professional practice for healthcare leaders to consider using. I plan to disseminate the summary via training and conferences with healthcare leaders. I encourage healthcare leaders to consider this study's findings and provide leadership training that incorporates the results of this study to their leadership team.

Recommendations for Further Research

This study had limitations that could create a variety of topics for future research to reduce employee burnout. One limitation of this study is that the findings only represent the healthcare leaders who participated and not their employees. Not obtaining the employees' views could be a limitation because the strategies identified as significant are the healthcare leaders' experiences and not the experiences of their employees. I recommend future researchers interview employees to gain their perspective on the successful strategies' healthcare leaders implemented to reduce employee burnout. Another limitation to this study is the findings may not be relevant for leaders outside the realm of healthcare. This study focused on the healthcare environment and the perspectives of healthcare leaders to reduce burnout. Further researchers could explore how the findings of this study relate to the workforce outside of healthcare. In addition, further researchers could also explore how the findings of this study relate to the workforce outside of the United States, as this study focused on healthcare leaders within the United States.

I identified other research possibilities while conducting this study. The healthcare leaders in this study discussed how some people are more resilient than others, and some personalities are more prone to burnout. Researchers could probe into what makes a person resilient and why some people are more resilient than others. Researchers could look into the correlation between personalities and burnout to identify which personality types are more prone to burnout to develop strategies to reduce burnout specific to personality types. Additionally, researchers could use surveys and conduct a

quantitative methodology research study to gather data from a more significant number of healthcare leaders. For example, quantitative researchers could assess the relationships between personality types and burnout.

Reflections

As stated earlier, I have over 16 years of healthcare experience and have witnessed burnout and its effects, where leaders did not assess employee burnout. I had preconceived ideas regarding burnout and the role the leader has in an employee's well-being. I strived to mitigate my biases by avoiding viewing the data through a personal lens. I examined my personal biases to ensure I did not invoke my biases onto the participants and only focused on their views. I was aware that burnout existed in organizations before beginning this research, but I was unaware of how COVID-19 impacted burnout. The leaders in this study made it clear that COVID has put burnout on the map, and leaders should be more attentive to burnout due to the pandemic. The leaders made it clear they will not be going backward in their strategies to reduce burnout and will only be going forward. While COVID-19 brought about a significant number of challenges, it also brought awareness to burnout and heightened the conversations people have regarding burnout. COVID has helped alleviate the stigma of burnout, and I hope the findings of this study will encourage healthcare leaders to address employee burnout and implement the recommended strategies to reduce it.

When I began this doctoral journey, I had no idea it would be such a challenge to complete. I also had no idea how rewarding it would be. Walden University provided a surplus of resources to guide me on this journey and ensure I was successful. I always

knew I wanted to study burnout for my study, and the knowledge I have gained from this research will stay with me through my professional career. I have a passion for bringing awareness of burnout to organizations, and I believe the findings of this study can help leaders identify burnout within their organizations and successfully implement strategies to reduce it.

Conclusion

In pursuing insight into the strategies some healthcare leaders use to reduce employee burnout, the findings of this study have demonstrated that frequent communication with employees has reduced employee burnout, promoted employee productivity, and decreased turnover. Healthcare leaders may also promote employee well-being through the encouragement of self-care. Findings demonstrated that implementing self-care in the organization and encouraging employees to take breaks and personal time off was an effective strategy for leaders to reduce burnout. Employees were more productive with adequate breaks and time off, which also positively affected patient care. Findings concluded that encouraging engagement reduces burnout, and leaders should empower their employees to create a positive work environment.

Burnout is a current and pressing issue in today's healthcare climate and should be taken seriously by all leaders. The COVID-19 pandemic has exacerbated burnout in organizations and now is the time for healthcare leaders to implement strategies to reduce burnout. Procedures should be in place to reduce burnout, and leaders should be continuously assessing and discussing burnout. Empowered employees will be more engaged and less likely to suffer from burnout. Organizations should employ motivated

leaders who prioritize creating a positive work environment that focuses on empowering employees and reducing burnout.

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Appendix A: Interview Protocol

Date:

Time:

Participant:

Researcher:

Virtual Setting:

Introduction:

My name is Ashley Smith and I am a doctoral student at Walden University. I appreciate you volunteering to participant in my research. I selected you because you confirmed you are a leader with at least 3 years of management experience within healthcare, who currently works in the field, and have successfully implemented strategies to reduce employee burnout. The purpose of this research is to explore strategies some healthcare leaders use to reduce employee burnout. The information I obtain from this research will be used to identify effective strategies healthcare leaders can use to reduce employee burnout.

I emailed you a copy of the consent form prior to this interview and would like to thank you for returning your consent to me electronically. This interview will last between 45 minutes to 1 hour and will be audio-recorded so I can transcribe verbatim all data obtained. To protect your privacy, your identity will not be revealed in the study and all the participants will be referred to as Participant A, B, C, and the like. I will not include your name or any other identifying information to you or your affiliated organization(s). All data will be destroyed after 5 years. Your participation is voluntary,

and you have the right to withdraw from this study at any point by informing me verbally or written you no longer wish to participate. Are there any questions or concerns you have prior to us beginning?

Research Question: What strategies do healthcare leaders use to reduce employee burnout?

Introduction Questions:

1. Have you successfully implemented strategies to reduce employee burnout?
2. How many years have you worked in healthcare?
3. How many years have you held a managerial/leadership position in healthcare?
4. Are you currently working in healthcare?

Interview Questions:

1. How do you define burnout within your organization?
2. How has employee burnout affected your organization?
3. How do you assess the effectiveness of your strategies for employee burnout?
4. How do you identify employees experiencing burnout in your organization?
5. How did you formulate the strategies you used to reduce employee burnout?
6. What strategies have you used to reduce employee burnout?
7. Which of these strategies proved to be successful?
8. What metrics have you used to track success of your strategies to reduce burnout?

9. How have your employees responded to your efforts to address burnout in your organization?
10. What additional information can you share related to the strategies you use to reduce employee burnout?

Closing:

I appreciate the time you have given me today. Please email me your organizational documents related to burnout. I will provide you with a summary of today's interview for you to validate. If you have any questions in the meantime, please reach me at 671-686-7622. Thank you and have a great day.