FRONTLINE HEALTHCARE LEADERSHIP:
Leadership that Advances Healthcare Work *and* the People Who Do It.

1

Definitions of Work, Chapter Review

Amy Boone, MD
Assistant Professor
Department of Obstetrics
and Gynecology
University of Alabama at
Birmingham

At first glance, Definitions of Work sets out to define a seemingly simple term that we feel all too familiar with. However, consistent with most of my interactions with him to date, **Dr. David Rogers challenged me to reflect on my own relationship with work by exploring the concepts outlined in this chapter.** This is a dynamic and shifting process both for myself and for the team members I interact with daily. Spending time thinking about the lived experience of each individual who makes up the complex healthcare team makes leaders realize that humans are not homogenously motivated to perform job-related tasks. Identifying each person's unique answer to the question, "Why do you work?" is crucial to the mission of empowering someone to find meaning and turn their job into a career.

The post-pandemic era has intensified employee retention struggles with workforce shortages at an all-time high. One avenue to "create frictionless work to promote wellness" is the emerging concept of individual job crafting. In line with the presented sociological definition of work, allowing team members to rank their job-related tasks in order of what they consider meaningful to tasks akin to "work" provides a framework for leaders to create schedules that better align with individual priorities. In creating a wellness program for the residents in my department, I employed a similar strategy: I distributed an anonymous survey to both identify the prioritized needs for education sessions as well as the degree of distress that many common factors of burnout had on my cohort. **We used this to meet our team of residents where they were to maximize the personalized impact of our wellness program.**

As stated in this chapter, senior leadership commonly bears the brunt of blame for organizational culture concerns. Fortunately, large health systems are subdivided into many tiers with identifies leaders at each level. Tending to the workgroup culture in smaller groups such as divisions or departments is an attainable place to begin. Starting with microadjustments such as clearly communicated expectations, timely responsiveness, and unbiased distribution of tasks, the foundation for a positive workplace culture is laid. The desire to avoid negative experiences is innately human, and this leads to groupthink in many settings. We have all been in situations where feedback was requested, but the tone of voice and word choices used to respond to that feedback led to a feeling of shame. The fear this instills in the remaining participants generally leads to silence misconstrued as affirmation.

While it is difficult to completely eliminate groupthink, **a few strategies I have incorporated are ensuring that the allotted meeting time is sufficient for discussion** rather than a list of topics sped through and intentionally structuring the meeting order such that more controversial topics are not covered at the end when fatigue has set in. Another impactful strategy is for a leader to provide an immediate response using positive language in front of other group members. While it is not possible to agree with all dissenting opinions, communication strategies that convey psychological safety to individuals offering those opinions will encourage others to do the same.

Lastly, the concept of attribution can be both problematic and beneficial in healthcare settings. As trained diagnosticians, we frontline healthcare workers have been taught to assess for causation with all outcomes, positive or negative. There are times when this must be done quickly in settings such as the operating room. However, as leaders, we must help both ourselves and our team recognize when the timing of this attribution is not critical allowing space to consider any and all external features that could have contributed to an event. This empowers each team member to use their unique perspectives to identify areas of improvement which contributes to the highest two groups of Maslow's hierarchy of needs.

We're excited to share Dr. Amy Boone's insightful review of Chapter 1 of Frontline Healthcare Leadership, which launched in our recent Take 5 Tuesday newsletter!

As a reminder, we're releasing this book chapter by chapter, each quarter, and offering you a unique opportunity to respond to Dr. David Rogers with your thoughts.

Missed the initial release of Chapter 1? No worries! You can find it here.

Be sure to subscribe to Take 5 Tuesday to receive future chapters directly in your inbox, along with exclusive content and engaging discussions with fellow readers.

FRONTLINE HEALTHCARE
LEADERSHIP

Leadership
that Advances
Healthcare Work
and the People
Who Do It.

DAVID A. ROGERS & CULLEN CLARK

© University of Alabama at Birmingham