Reversing the Great Resignation

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As I sat down to write my last column, I decided to use these 700 words as a “call to action” to cancer program and practice leaders to bring flexibility and innovation into—or out of—their workplace. If we learned anything in the past two years, it’s that what we thought we knew may not be true. We were stretched and pushed to do everything differently. From where we work, to how we see patients and how we connect, sometimes it’s hard to remember the before. Do these changes impair connection and compromise quality care? We all learned that the answer is “no.”

I facilitate a support group for individuals with advanced illness. With the transition from in-person to virtual meetings, patients were able to participate while on hospice—literally, in bed—while others joined while receiving treatment in infusion chairs. It allowed connection at a time when people felt lonely and provided the gift of meaningful discussions about fears and goodbyes within a community that has only known each other through Zoom.

Like a patient with cancer facing life after diagnosis, we do not know yet what our “new normal” is. The future is uncertain and in constant flux. For example, who could have predicted the turn from thousands of people choosing not to work, just as it looks like we are finally turning the tide with successful vaccines and improved treatments?

The “great resignation” was coined to describe the record number of people leaving their jobs, and leaders across all industries—including healthcare—are having to re-evaluate their jobs, and leaders across all industries—including healthcare—are having to re-evaluate our focus should be on retention interviews—not exit interviews. What do the members of your cancer care team need to stay in their current jobs or positions? Consider asking your providers and staff, “What could be better in your work setting?” Are there opportunities for continuing education, alternative work schedules, well-being activities, or career growth? Though each of these concepts come with an associated cost, they may incentivize your most precious resource—your staff—to stay, while making your organization more attractive to those who have resigned and who are searching for meaningful work at a place that prioritizes their well-being and fosters a healthy work-life balance.

Let us pause here for a moment and consider the word well-being—a term that appears in every post, article, and news story about the great resignation. How do you improve well-being in the workplace?

For the Cancer Centers of Colorado at SCL Health St. Mary’s Medical Center, improving well-being required the improvement of their culture one idea at a time through a Daily Improvement Program. Starting on page 36, learn how this cancer center leadership team searched for inspiration and found it within their own program. Their incredibly hardworking and experienced staff regularly brought concerns and ideas for change to leadership; it was on leadership to find a structured way to capture these ideas and channel them into staff engagement and positive change. You will be inspired by how the Daily Improvement Program changed the culture of this cancer center for the better. In the first three years of the program, 60 individuals and 13 teams submitted 180 ideas. Of these, more than 100 came to fruition. It is this type of innovation that offers us the best opportunity to reverse the great resignation.

Asking for ideas, being open to feedback, embracing flexibility, and accepting that our world has changed allow leaders to pivot and re-invest in those who stayed the course, while limiting the need to rehire and retrain. At their very core, a great leader is someone who builds other leaders. Leaders do not have all the answers, but they create a space for others to shine and promote wellness within their teams. [6]

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