Addressing Challenges to Belonging

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[Nanne Finis:] When you think about the population of staff and the community of population that you service, how does that really play out in the organization? And could you describe some of that, and some of the implications that you've seen and maybe some of the solutions that Mayo has taken?

[JoEllen Frain:] Yeah, I think it's such an important question because when you look at gender, racial, generational, etc., gaps, what you're really looking at is things that become challenging to belonging. And if you don't have strong belonging, the ability to do the other things that we want to do as an organization becomes much more challenging. And so I think as many organizations have over the last couple of years come to understand some of those challenges, we've made differentiated investments.

And so, for example, Mayo Clinic has made $100 million investment in eliminating racism within our organization. And how that plays out is through one; ensuring that our leadership is involved, that they are articulating and driving the results that we're looking for with that, but also creating an environment where we recognize we don't have the answers and understand that bringing more people into the solutioning is critical.

The second piece about that is really helping, and I'm so glad that you called out the generational gaps because we're seeing that in many of our different clinical areas where we have very senior experienced staff and because of turnover, because of growth, we're needing to bring in newer staff. Staff that are just coming out of training. And oftentimes the generations sharing kind of show themselves between those two things.

Right? So I have a very senior staff member and I have a very junior staff member. For the junior staff member, expectations about being in the workforce may be very, very different than those of someone that has been in the workforce many, many years. It's not that one is right or wrong, but it's understanding how do we close those gaps, how do we reinforce with those preceptors the value that they bring in helping along, which is part of our mission, which is part of who we are as Mayo Clinic, which is educating the next workforce for health care and really helping to secure that ‘why’. But also with our newer generation to help them understand that we're in the construct of a different organization where we want to provide flexibility, but that's not going to come with 100% autonomy.

So we help to balance some of those conversations and be intentional in helping guide and advise, but also help support our leaders with the tools to be able to do that. I think when you come to the gaps within gender, you know, historically health care has been a little bit more disproportionate because the prevalence of women in nursing and other professions and so you have some disproportionate.
But that plays out in other ways. And as you think about how you support your workforce specifically from a health and welfare and benefits, are we thinking about some of the barriers that some individuals face with daycare and dependent care, extended hours and that’s where we’ve been intentional working with our community relations to ensure that the community support networks of services that our staff rely on are one, known to our staff so they understand where to get that support.

But two, we often become champions of that on behalf of our staff within some of our geographies because we become major players within some of those geographic regions. And so I don’t think it’s a one size fits all. But to sum it up, I think it’s really around leaders demonstrating and recognizing the gaps that are there and two, being thoughtful, planful and appropriately communicate what we’re doing on behalf of the organization to bring them with us to solve those challenges just like we would any other issue that we face.

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