

# The Well-being Handbook

Tools and Tactics to Help You and Your Organization  
Heal from Stress, Burnout, and Trauma

**Quint Studer**

# Table of Contents

The Purpose of This Book .....	1
CHAPTER 1:	
How I Got Interested in Mental Health Issues .....	2
CHAPTER 2:	
A Culture of Well-Being Matters More Than Ever .....	5
CHAPTER 3:	
How Did We Get So Depleted? .....	7
CHAPTER 4:	
The Spectrum: Not Everyone Is Impacted in the Same Way .....	9
CHAPTER 5:	
Many Have Moved from Stress to Trauma .....	11
CHAPTER 6:	
Why Healthcare Professionals Are Reluctant to Seek Help .....	14
<i>(Stigma and the “Resiliency” Misunderstanding)</i>	
CHAPTER 7:	
Measuring: Why We Need to Assess Where People and Organizations Are Right Now .....	17
<i>(Assessment Tools for Individual and Organizations)</i>	
CHAPTER 8:	
Solutions: Leader Tools and Tactics That Replenish Cultures .....	24
Become an Empathetic Leader	
Create a Culture of Well-Being	
The Power of a Well-Run Organization	
CHAPTER 9:	
A Closing Thought .....	38
About the Author .....	40
About Healthcare Plus Solutions Group .....	41

# The Purpose of This Book

Thank you for your interest in *The Well-Being Handbook*. A quick word before we get started: this book isn't meant to be a treatment plan. It is more of a guide to help leaders start the conversation about mental health.

The first step in dealing with issues like stress, trauma, and burnout is to create a safe environment to talk about them and how they impact well-being. It is my hope that this book will help reduce the stigma around mental health issues and encourage people to get help when they need it.

Not every tool and tactic to follow will apply to every organization. Feel free to personalize these resources as needed.

## Chapter 1

# How I Got Interested in Mental Health Issues

Since my early thirties (around 1982) I've been interested in wellness, stress, resiliency, burn-out, and trauma, but these subjects hit home hard in 2014.

My only sibling, my sister Susan, was at Moffitt Cancer Center with pancreatic cancer. Dr. Pamela Hodul did a Whipple procedure on September 12. It lasted thirteen and a half hours. Now, my sister was not a good candidate for the Whipple procedure and understood the risk. My sister had the procedure because she believed it was her only chance.

At the time, my sister was the caregiver for my parents. I lived far away and traveled a lot, so she took on most of the responsibility. My sister never had children. She was totally devoted to mother and father. My mother said to her, "Please don't leave me." She took that to heart and decided to have the risky operation.

And as it turned out, Susan lived three months, passing away on December 1, 2014. During that time, she received excellent care from a team of remarkable physicians. Dr. Hodul was the one we got to know best. We saw her cry for my sister more than once. Like most physicians, she cares deeply about her patients.

In addition to the emotional turmoil caused by losing patients you've desperately tried to save, Dr. Hodul kept a brutal schedule. She worked six days a week, coming in at 6:30 or 7:00 a.m. and staying well into the night. And the surgeries themselves were grueling. In fact, Dr. Hodul was so physically exhausted and emotionally depleted after Susan's thirteen-and-a-half-hour surgery

that she cried. While I felt I understood the pressures healthcare providers deal with, I learned much watching the caregivers of my sister.

During this time, I received a phone call from George Ford, MD, a physician in San Antonio, Texas. He shared with me that he'd followed my work. He felt that I had some impact in health-care, and that it would be helpful if I would shine a light on the issue of physician burnout and the high suicide rates. He and I started collaborating, and in 2015 we released a book called *Healing Physician Burnout: Diagnosing, Preventing, and Treating*. This book is more relevant today than ever.

I've been able to continue my work in this area of well-being, stress, burnout, and trauma education. Besides having gotten to work with Dr. Ford, I'm on the board of the Hazelden Betty Ford Foundation, a well-known national behavioral health organization, particularly noted for their work in the area of addiction.

I serve on the board of TriHealth in Cincinnati, Ohio. This helps me see the impact of COVID-19 from a board perspective. Mark Clement, TriHealth's president and CEO, sends a weekly report to the board that updates us on exactly what's going on with the organization. I also serve on a board called Bethesda, Inc. which provides funding for many great healthcare initiatives in the Cincinnati area.

Healthcare education is an area that's long been close to my heart. I served on the board of AUPHA (the Association of University Programs in Health Administration) for many years. More recently, I've joined the board of CAHME (the Commission on Accreditation of Healthcare Management Education). Both of these experiences have given me a window to the tremendous impact stress and change have on students and faculty—particularly in light of the COVID-19 pandemic, which we'll discuss later.

I was lucky enough to meet Mark Goulston, a physician whose focus is on trauma and suicide prevention, years ago when he asked me to be on his podcast to talk about burnout, as well as Diana Hendel, a pharmacist who was the CEO of Long Beach Medical Center when they had a traumatic experience involving an employee who shot two supervisors. Mark and Diana were nice enough to ask me to write the foreword for their book that came out in 2020 titled *Why Cope When You Can Heal? How Healthcare Heroes of COVID-19 Can Recover from PTSD*.

Now for a personal note: I am also interested in wellness issues because of my own experiences. I've struggled with my own mental health, including alcoholism and depression. In my thirties, I hit an emotional wall and started therapy. (For me, therapy has not been a "one and done" event; over the last 39 years I have benefited from therapy on numerous occasions.) At the time, the therapist pointed out to me that when she gave me positive feedback, I rejected it by my words and body language. I turned away. Yet when she gave me more constructive or less than positive

feedback, I accepted it. She concluded that one of the reasons I felt so depressed was that I filter out the positive and let in only the negative.

I've observed that many of us in healthcare do this. As a group, we are perfectionists, we are hard on ourselves, and, in our quest to care for others, we often don't take the time to care for ourselves. This reality, especially in light of the incredibly difficult year and half we've just been through, has created a sense of urgency for me.

All of these things came together for me and deepened my interest in burnout, stress, trauma, and well-being. I started searching for tools and techniques to help assess these problems on both individual and organizational levels. (Treatment plans designed to deal with stress will positively impact trauma; however, these plans probably won't reach people in trauma to the degree necessary.) I also started looking for ways to assist organizations and leaders in dealing with mental health stresses and remove the stigma around mental health.

Now, it has all culminated in the creation of this book. My hope is that *The Well-Being Handbook* will be a guide to assist organizations in creating a safer environment to have conversations regarding stress and trauma. My hope is that it will provide a resource each organization can personalize for their specific situation.

We all have the opportunity to help the workforce in the area of well-being, stress, and trauma.

## Chapter 2

# A Culture of Well-Being Matters More Than Ever

Healthcare organizations have always cared about staff's well-being—and COVID-19 has upped the need to go even further. Doctors, nurses, and other healthcare professionals are battered and bruised right now. They're struggling to process what they've experienced over the past year and a half.

They need to be healthy to care for the patients who count on them—even as they cope with routines, lives, and futures that have been turned upside down.

This is not a “soft” issue. Patient outcomes are at stake. Staff well-being and engagement are connected to the patient experience, which in turn is linked to clinical outcomes. My first book, *Hardwiring Excellence*, talked about this web of connections. I have covered them in other books as well. My latest book, *The Calling*, is about replenishing ourselves, our teams, and our organizations.

It's the employee's passion, purpose, and sense of worthwhile work that drives results and organization performance. We have a sacred trust to help them deal with the rapid pace of change they've experienced in recent years so they can go on to thrive. We owe it to them to give them the tools and support they need to heal from the trauma they have faced and continue to face every day. We owe it both to the patients we serve, and the healthcare providers who want to help them.

Stress and burnout have always been an issue with healthcare workers. Over the past few decades, the problem has gotten worse. The external environment, with all its rapid changes and

pressures, has created an environment of stress, depression, anxiety, and, in many cases, burnout. And of course the pandemic has brought even more light to this topic.

It's urgent that we tackle this issue right now. With post-COVID-19 burnout continuing to be a huge problem, there's too much suffering to ignore. Plus, burnout is highly contagious. When doctors and nurses are emotionally exhausted, others around them catch it. If we know that pockets of burnout exist, we need to deal with them before they cascade through the organization. Think about the future of our industry. There is no next generation of healthcare workers if the current ones are not healthy.

As they always do, medical professionals will lead the way in combatting burnout and destigmatizing mental health issues. The groundwork has already been laid. Even as this book was coming together, professional athletes were breaking their silence. Japanese tennis star Naomi Osaka made headlines when she withdrew from the French Open after refusing to speak to the media, citing mental health concerns. Closer to home, my friend and business partner, the professional golfer Bubba Watson, has openly discussed his ADHD and his struggles with anxiety.

All of this has opened the flood gates for a broader discussion around anxiety, depression, and burnout. Let's advance the conversation inside healthcare and work to be a part of the solution. Our time is now.

Before we talk about solutions for replenishing healthcare organizations, let's take a look at how we got to this point.



## Chapter 3

# How Did We Get So Depleted?

Most people enter healthcare with a full emotional bank account. They start out engaged and inspired, with a deep desire to be helpful and useful, and they can't wait to get started. Just go to a nurse's pinning ceremony and see how excited they are. Watch a doctor get their white lab coat in medical school. Notice their excitement when they're accepted into a residency.

Non-clinical people are just as excited to get a job in healthcare. Hospitals and healthcare practices tend to have great reputations in the community, the job likely has a good benefit plan, and they're feeling really good about being part of the healthcare profession.

The challenge is that while people start out full of passion, there tend to be a lot of more natural withdrawals from the emotional bank account, many of which we have no control over.

In healthcare we experience challenging things on a daily basis. Consider what it's like for a clinician caring for a seriously ill or injured person. At times, despite their best efforts, they just can't save that patient. While they do heroic work every day, doctors and staff are human. The loss of a patient is a huge withdrawal from the emotional bank account.

In addition, work/life balance provides unique situations for healthcare workers. For example, you're an ICU nurse. You get a call from the school saying your daughter got a bump on the head and is probably okay, but you will want to come get her. When you do front line care, especially when you're caring for very sick patients, it's just not always possible to break away like it is for people in other jobs.

Leaders have additional struggles. There are so many things that cannot be controlled, like payments. With the stroke of a pen, reimbursement can change drastically. And when this happens, cuts, changes, and delays are often inevitable. A reduction in force may need to take place. Needed improvements may be postponed. These are messages that are hard for leaders to deliver and hard for staff members to hear. They can be huge emotional bank account withdrawals.

Everything I've just described is what happens in normal times. But what happens when a global pandemic takes place? Stress, anxiety, and trauma escalate tremendously.

As they worked on the frontlines of COVID-19, some healthcare professionals contracted the virus. Those who were fortunate enough to escape the virus worked every day in fear of being infected. Supply chains struggled in the pandemic; there were PPE shortages. Work hours were long and exhausting, and the trauma that came from seeing so much suffering and death was immeasurable.

Then, lockdown thrust us into unknown territory. As with everyone else, the pandemic didn't just affect work, but home life, too. Healthcare workers had to deal with challenges like virtual schooling, the job loss of family members, and a sense of isolation. Balancing work and home life was particularly hard for them. While people in other industries could work from home, healthcare professionals didn't have that option. (This made managing kids who were being homeschooled even more difficult.) On top of all this was the constant worry of bringing COVID-19 home to their families.

It may have seemed like healthcare leaders did not realize how much stress and trauma were being experienced by clinicians and staff. At times, the need to have all boots on the ground made it hard to provide resources. There were so many unknowns. No one realized how long the pandemic would go on. (Remember "two weeks to flatten the curve"?)

Also, at the beginning of the pandemic, the world really celebrated "healthcare heroes." While still feeling appreciated, the situation has led to exhaustion and self-doubt for some in looking at staying in healthcare.

At the time all of this was going on, we've had to deal with political, cultural, and social upheaval. It's been an incredibly challenging year in almost every possible way. And on top of these challenges is a pervasive sense of grief that life has changed forever. Even as we navigate this underlying sense of loss, we must also grapple with fears of new variants that are emerging in some parts of the country.

## Chapter 4

# The Spectrum: Not Everyone Is Impacted in the Same Way

People went through this disruption together. Almost everyone is feeling some level of mental and emotional distress, but it's not manifesting in the same ways.

Think about the pain scale that is used every day in healthcare. One patient may have an injury or illness and rate the pain as a three or four. Another one with the same injury or illness may rate their pain as a nine or ten.

The same is true of mental pain. It exists on a spectrum. One person who worked in a hospital during the pandemic might have been in a state of stress for a while but kind of bounced back when things eased off a little. Another person might have moved into burnout. Yet another person may have been deeply traumatized and is still experiencing moments of PTSD.

Before we go any further, let's define our terms. What *are* stress, burnout, and trauma?

Stress is essentially a term for the way an individual responds to a disruptive event. I've seen it described as a physical, mental, or emotional tension. In small doses, stress is not a bad thing. It makes us productive and adds excitement to life. But when those feelings of stress get to be too much or go on for prolonged periods of time, we can have physical and emotional symptoms—from fatigue, to headache, to upset stomach, to high blood pressure, to irritability, to anxiety and depression.

When stress goes on and on with no relief, over time it may lead to *burnout*. As I explain in the book *Healing Physician Burnout*, psychologist Christina Maslach described burnout as having three dimensions: emotional exhaustion, cynicism, and a feeling of ineffectiveness.

When someone is burned out, they're not just exhausted temporarily. They're exhausted all the time. A good night's sleep or vacation won't fix the problem. They're so depleted that they can barely function, let alone give it their all at work. Their performance suffers. They make more mistakes. Even completing simple tasks can feel impossible.

Obviously, a person suffering from burnout is no longer as engaged and passionate as they want to be. They've stopped being able to see that their work has purpose and that they make a difference. They may feel like they're putting in a lot of hours but not making an impact or changing anything. This is a very dangerous way for a healthcare professional to feel.

Our health suffers when we're burned out. The condition has been linked to depression, memory loss, sleep problems, weakened immune systems, and even cardiovascular disease. People may turn to alcohol or other substances in an attempt to self-medicate.

So where does *trauma* come in? We'll talk more about this in more detail in the next section. For now, trauma is a whole different level of stress. A traumatic event is something we've never experienced before. It actually changes the way we look at the world. It can even lead to PTSD.

Now, let's back up for just a minute and talk about another condition: languishing. Adam Grant recently wrote a really interesting article<sup>1</sup> on this subject in the *New York Times*. He says languishing, which is a term coined by sociologist Corey Keyes, is not burnout and it's not depression. He describes it as a feeling of stagnation and emptiness and says it's one of the dominant emotions people have been feeling in recent years.

If you're languishing, you are not suffering from a mental illness, but neither are you flourishing. You're kind of stuck in the middle. Adam Grant calls it "an absence of well-being." This is important because languishing puts us at risk for major depression and anxiety disorders down the road. The *Times* article also cites a study suggesting that people who are languishing are also more likely to suffer from PTSD.

It seems to me that languishing is the perfect word to describe the underlying feeling of disruption so many of us notice these days. And because things are not likely to get back to "normal" any time soon—if ever—that feeling of disruption may be with us for a long time. That's one reason we need to make wellness a priority. People shouldn't have to settle for languishing.

If we can catch mental health issues early, when people are in the languishing phase, we can intervene and potentially prevent things from getting worse.

## Chapter 5

# Many Have Moved from Stress to Trauma

Healthcare has always been stressful work. It always will be. This is why as an industry it has been so focused on burnout over the years. And while burnout has certainly not gone away, another issue has joined it during the past year. Trauma. So many healthcare workers report feeling traumatized in the wake of COVID-19. Some are even dealing with PTSD.

Earlier I mentioned Drs. Mark Goulston and Diana Hendel. I wrote the foreword for their book *Why Cope When You Can Heal? How Healthcare Heroes of COVID-19 Can Recover from PTSD*. They also wrote another book—*Trauma to Triumph: A Roadmap for Leading Through Disruption (and Thriving on the Other Side)*—that focuses on organizational trauma.

I've learned so much from Drs. Goulston and Hendel. In *Trauma to Triumph*, they say all the chaos that's swirling around in the external environment—not just COVID-19 but also massive changes in technology, business, culture, and society—has caused a major shift. The intensity, frequency, and duration of these changes have moved us past the usual “whitewater” we've always had to navigate and into something much more serious. We've crossed over from stress and into the realm of trauma.

These authors explain that trauma is fundamentally different from stress. While stress upsets our balance in the moment, we can get through it and move on with our lives. Trauma sends us into survival mode. It makes us feel that our life or at least our livelihood is threatened and it changes how we look at the world.

Trauma happens when people are unsure of the future. With stress there is a belief that things can get back to or close to normal. With trauma there is the realization that it may never get back to what it was.

For example, my oldest grandson was burned severely seven years ago and spent a month in a burn unit. He has skin scarring that, while fading, will always be there. Today, his scars remind him of the incident. He is also reminded any time he sees fire. He will never be exactly the way he was.

When I interviewed Dr. Hendel on my podcast, she said we are all experiencing collective trauma as a nation, due to COVID-19 and the undercurrent of fear and uncertainty it continues to create. Most of us think of trauma as a single horrific event, but it can also happen gradually, like the frog in the pot of water that's slowly turned up to the boiling point. One day we find ourselves in a world that's very different from how it used to be and we wonder "Will we get through this?"

In both books, Drs. Goulston and Hendel describe how a traumatic experience sends people into *fight, flight, or freeze* mode. This can manifest in different ways. People may cling to their competence zone, even though the old ways of doing things no longer work. Employees might come across as aggressive, belligerent, or "difficult." Also, traumatized people may speak of life in terms of "before" and "after." (Most of us are probably hearing that a lot with COVID.)

Some years back, Dr. Hendel was a CEO at a hospital that experienced a horrific workplace shooting. She later went on to become a student of organizational trauma. What she learned is that, in the aftermath of a traumatic event, there is a brief period of camaraderie that's often followed up by blame and finger pointing. People divide into factions. Eventually, deep polarization can occur.

People may suffer trauma on an individual level, but there is also organizational trauma. When organizational trauma occurs, communication and trust can break down. Often, there is a shake-up in roles and responsibilities. Workers feel powerless and hopeless. Productivity suffers. Plus, it creates a huge sense of loss.

It's so important that leaders learn the signs and symptoms of trauma. It is the only way we can recognize that a staff member may be in trouble and help them get the right kind of help. When we address stress with actions like mindfulness, eating better, exercising, and so forth, it will also help with trauma—*some*. However, coping skills and resilience building are not enough. Leading people through trauma is partly about helping them heal, but it's also about creating stability, keeping everyone unified, and forging a path to a thriving future.

For years I have shared that a skill every leader needs is the ability to lead change. Today I feel every leader needs skills beyond what have been needed in the past in managing individual stress

as well as individual and organizational trauma. It is vital for the health of the individual, the company, and the community that trauma is identified and action taken. If unprocessed and untreated, trauma can be extremely harmful to all.

The first order of business, though, is to get comfortable with the subject. As Drs. Goulston and Hendel put it, we need to be willing to name, claim, and frame trauma. This is hard for a lot of people because we're used to thinking in terms of stress. Also, many of us tend to have a stiff upper lip mentality. We believe we should "just move on" or "just get over it." But being willing to label a crisis as trauma sets us up to address the impact on individuals and the organization—and to overcome any resistance we might face from people who just aren't used to talking about mental health, let alone acknowledging that they might be struggling with it.

## Chapter 6

# Why Healthcare Professionals Are Reluctant to Seek Help

Sometimes healthcare professionals have mental health issues that require attention, but often they don't seek help. There are a few reasons why this is true. One is the stigma issue.

Mental health is stigmatized across many professions, but particularly in health care. Healthcare tends to be a “just get over it” culture and people can be rather stoic.

People might not feel comfortable speaking up when they are struggling for fear they may be perceived as weak. This perpetuates the “culture of silence” in healthcare that can make people feel very alone. (This was a problem even before COVID-19, but the isolating effects of the pandemic made it even worse.)

In a perpetually stressful and busy “all hands on deck” industry like healthcare, time off to rejuvenate and repair might be hard to come by. Plus, I think people keep on keeping on simply because they care so much. That's how mission driven they are.

In addition, people also have real concerns about privacy. They don't want mental health diagnoses on their record and worry about confidentiality issues. Some won't even seek medical treatment in their own organization because of privacy issues (in many cases people have to get treatment in the same hospital they work in). This mindset is even more pronounced around mental health issues. People fear they will be penalized later. They also have added concerns about professional repercussions, as their mental health history could impact their careers.



## The “Resiliency” Misunderstanding

Resiliency has been the cornerstone of our industry’s mental health approach, but it has been misunderstood. This has created a bit of a problem. Resiliency doesn’t mean that you simply push through and suck it up, no matter the circumstances. Yet many times people may think that being resilient means they must keep going no matter what.

It’s in healthcare workers’ DNA to want to be helpful and useful. They run to danger, not from it. But sometimes they are so busy being helpful and useful to others they’re not helpful and useful to themselves.

As an industry, healthcare emphasizes resiliency so much that people can be reluctant to admit they are not doing well. They push through and don’t take care of themselves. People tend to skip the self-care step.

Plus, the media’s constant celebration of healthcare workers’ resilience, courage, and selflessness—while driven by pure intentions—can reinforce the impulse to keep going. People may feel the need to live up to this image and are reluctant to express their pain or struggles.

All of this reinforces the stigma around mental health (toughen up, move through pain, pull yourself up by boot straps, etc.) It promotes denial and discourages you from seeking much needed help.

This is an even bigger issue for minorities (women and people of color). These populations are the most vulnerable, yet are often even more reluctant to ask for help.

They don’t want to be seen as complainers. They already struggle with belonging. If they’ve just gotten the job and are feeling isolated or excluded, they may try to tough it out due to “last hired, first fired” concern.

This is also a generational problem. Young folks are less likely to endure and suffer through the way their predecessors did. They value quality of life. Long, irregular work hours and weekend calls sometimes interfere with that. Yet older employees may judge younger ones for being soft. This will create a talent drain if we don’t fix as a profession.

By the time the burnout, stress, and trauma manifests in the workplace, it is usually pretty serious. With many people, work is the last place the suffering manifests. By the time it shows up at work, the rest of their lives are probably in shambles. People will sacrifice in other areas of their lives to continue to perform at work. People equate success in life with success at work. As long as they are able to keep their job, they still think they are doing ok.

Work has to be the first line of defense, as healthy people create healthy organizations. This means it is urgent that we not only fix the systemic factors that work against wellness and create burnout (more on this later) but that healthcare gets intentional and assertive about dismantling the culture of silence that keeps people trapped in unsustainable circumstances.

The first part of getting employees the help they need is being assertive about breaking down the stigma around stress, trauma, and other mental health issues. Part of this is about making sure leaders receive education on how to recognize and deal with these issues, which we will address a little later.

Make it very, very clear that it is not only “okay” to let you know when they are struggling, it is expected and urgent. People need to know it’s safe to ask for the care they need without negative consequences or jeopardy to their careers.

Leaders have to be careful not to promote a “sweep it under the rug” mentality. The pace of business often promotes that mindset. As leaders, we must acknowledge the reality of the struggle employees are having (stress, anxiety, accelerated pace of change). Until we do that part, we won’t be in a good position to figure out just how serious the problem is inside our own organization.

Before we can focus on solutions, of course, we must assess individual employees and the organization as a whole—and that’s the subject of the next section. Given what a sensitive subject mental wellness is, we need to handle the process with kid gloves. Privacy and discretion matter! Have the same consideration as with other personal health situations.

# Measuring: Why We Need to Assess Where People and Organizations Are Right Now

It is vital to assess before treating. As we discussed earlier, there are varying degrees of mental health issues, from languishing to stress to burnout to trauma. They need to be treated in different ways. With proper assessments, we can begin to make strides toward greater well-being for both individual employees and the entire organization.

Also, assessing is a great conversation starter. Sometimes people don't even realize how much they are impacted by stress. And, as we have already discussed, even if they do realize it they may not feel comfortable talking about it.

To get a good benchmark of where things are, we need to assess for wellness on two levels: *individual* and *organizational*.

One of the tools we're about to discuss allows individuals to assess themselves in private. As we mentioned earlier, healthcare professionals are reluctant to seek help. We need to create a safe environment where it's okay to talk about mental health and wellness. This assessment tool can be a great conversation starter and get people more comfortable having hard discussions.

The other two tools are meant to help you get a handle on how stress and trauma might be impacting your organization. The pandemic has been an earthquake, and the aftershocks will continue for a while. There will be other big changes in the future. How we address and adapt to them will determine how well our organization is able to fulfill its mission.

Stress and trauma don't impact any two individuals or any two organizations in exactly the same way. That's why it's so crucial to get intentional about noticing, assessing, and treating.

We're going to share a few tools for assessing both individuals and the organization as a whole. But first, here is a tool that can be used either way.

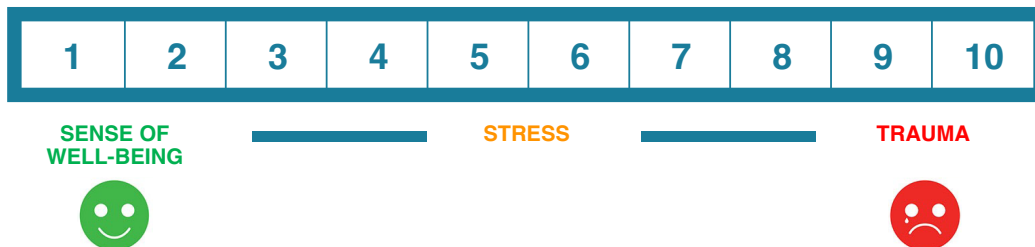
### A Simple Emotional Pain Scale

We know that no two people experience stress the same way. Some people bounce back easily when they face crises or tough times. Many don't. They may struggle to varying degrees and some may move into trauma. It's a good idea to have a benchmark so you can see where people are right now in terms of emotional wellness. This simple tool will get you started. Note that it is similar to the physical pain scale we use with patients.

You can ask each person where they feel they are on the spectrum, or you can ask leadership where they think the organization is. Either way, it is a great way to get a feel for people's mental health. This is an easy tool for an anonymous survey.

## TAKING THE TEMPERATURE WITHIN THE ORGANIZATION

- Pain scale as a simple approach



- This gives people a good idea of where the organization is.
- It gives people in the organization an idea that their well-being is on the to-do list.

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Typically, when we give this assessment to healthcare organizations, we find that about 60 percent of people will say they're a 7 or above. About 30 percent of people will say they're somewhere between 4, 5, and 6. Ten percent of people will say they're at a 1, 2, or 3. Just as with we do with patients in a care setting, we need to assume they're right. Everyone has their own perception of and tolerance for emotional pain.

Next, we'll look at a couple of assessments that are a little more detailed

### **Individual Assessments: Starting the Conversation About Self-Care**

In healthcare, people tend not to be great at self-care. As a profession, they tend to focus on others. They are passionate about that. To bring up a familiar analogy, they aren't putting their oxygen mask on first. We have a human responsibility to stay mentally and emotionally well.

The following assessment tool is a good starting point in a safe conversation.

### **Individual Assessment Tool: Where Do You Fall on This Spectrum?**

One of the most important ways to improve employee well-being is to create a safe place for people to express how they are feeling, especially in times of great change or crisis. Remember, not all stress or trauma impacts everyone the same way. This simple chart identifies specific symptoms individuals may be experiencing and helps them pinpoint whether they need assistance.

Be on the lookout for these red flags in yourself. Many healthcare professionals are private by nature and reluctant to seek help. It may be helpful to give this chart to employees and let them assess themselves. Self-assessment is often the key to better health.

Employees, please look at this chart and see where you fall on the spectrum that ranges from "Great—Healthy" to "In Trauma." The tools and tactics in the following pages may be able to help you manage stress and build resilience.

This is very important: If you ever find yourself becoming overwhelmed or drowning in despair, do not be afraid to ask for help. Remember, we all struggle at different times in our lives. It is those who care enough about themselves to seek the help they need who will find the strength, stamina, and resilience they need to go on to serve another day.

## CREATING SAFE ENVIRONMENTS FOR CONVERSATIONS



*Adapted from: Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.*

When you look at this chart, you can see characteristics of people who are great—healthy, acceptable, fair—fine, awful, and in trauma. Most people are not going to fit perfectly in one column. There may be some areas where they are great but others where they’re struggling. Think about how powerful it would be if every employee got a copy of this chart and then met with their supervisor to share how they’re feeling in a very safe environment.

They might say, “Well, I’m calm and steady. I’m able to take things in stride. I feel I’m able to communicate effectively.” This person is great—healthy.

Someone else might say, “I’m being more easily overwhelmed and irritated. I’m having trouble sleeping and eating. I’m getting headaches.” This employee is moving into fair—fine mode.

Others may confess they’re starting to self-medicate, feeling fatigued and exhausted, and having panic attacks. These folks are struggling and need help.

You may even have a few employees who are having thoughts of self-harm or suicide, are easily enraged or aggressive, and are making careless mistakes. You probably don’t have many in trauma, but you may have some, and you need to take immediate action.

## Assessing the Impact of Stress and Trauma on the Organization

Since an organization is made up of human beings, and human beings are susceptible to stress and trauma, tough times will show up in various operational areas. Here is a quick tool that might help.

### Organizational Assessment Tool: How Are Stress and Trauma Impacting Your Organization?

When things are hectic, we may not realize all the ways the organization is impacted. This framework helps leaders look at the different parts of an organization to assess how a stressful crisis, trauma, or period of intense change may be impacting them. Do you notice serious issues in any of these categories? This tool will help determine where to allocate resources.

The external environment will always create change. COVID-19 is the most recent source of upheaval, but it certainly will not be the last. The sooner we address and adapt to these changes as an organization, the healthier and more engaged our workforce will be—and the better we'll be able to provide the level of care our patients deserve.

## 4 FRAME APPROACH



*Adapted from Bolman and Deal*

Let's look at each frame, one by one. The *Foundation* includes things like goal setting, making sure there's clarity and measurement, and that standard operating procedures are in place.

Under *People*, the focus is on employee needs; empowerment; making sure connections between coworkers, leaders, and others are in place; and investments in personal growth and development are being made.

*Environment* includes teamwork. Are the departments working well together? Do we have a way to deal with conflict when they disagree?

The *Purpose* area means worthwhile work in making a difference that truly inspires people, connecting to values, as well as rewarding and recognizing people for a job well done. What that does, particularly for an executive team, is provide a solution framework based on what is taking place in the organization.

Leading at any time, but especially during a traumatic event like a pandemic, requires a focus across all four areas. Here are a few examples: If a department lacks motivation and commitment, move to purpose, then people. If there's confusion around priorities and responsibilities, go to foundation with goal-setting, clarifying tasks, and measurement, then move into the environment. If an employee or an organization experiences uncertainty and anxiety about direction, start with environment.

Organizations are already working in all of these four frames, but when there's more stress and trauma than normal, it allows the leaders to dig deeper in each area.



## **FREE: *The Well-Being Tool Kit***

TriHealth, through Bethesda, Inc., received a grant to create an area in human resources to help their employees in many ways. Stress is one of them. As a board member, I received a copy of their stress management and support leadership tool kit. It blew me away when I saw it. In fact, they generously allowed us to include it as part of a resilience & well-being tool kit. The beauty of TriHealth is they're not just concerned with making healthcare better in Cincinnati. They want to help make healthcare better everywhere.

*The Well-Being Tool Kit* brings together some of the best stress management tools, tactics, techniques, and resources in the industry. When implemented properly and consistently, these best practices can help leaders and employees alike build the “resiliency muscles” to handle stress and even head off the long-term effects of trauma. (Visit <https://healthcareplussg.com/learning-library/the-well-being-tool-kit/> to download a copy of the tool kit.)

Healthcare workers are phenomenal people. They are great at helping others. Now they need to focus on getting better at taking care of themselves. I know every organization is committed to doing everything possible to help each person take ownership of their own well-being. An organization filled with people who strive to get better and better is the best resource for helping patients get better and better too.

In the next section we explore some tips and tools for breaking down barriers around mental health issues, refilling emotional bank accounts, and creating a culture of wellness.

# Solutions: Leader Tools and Tactics That Replenish Cultures

The good news is there are plenty of things leaders can do to break down stigma, promote wellness, and create the kinds of organizations where mental health issues and burnout are less likely to take hold. Here are a few tools and tactics to help you on your journey.

### **Become an Empathetic Leader**

Empathetic leadership has always been important. But it *really* matters right now. The COVID-19 pandemic and all of its fallout have created extreme, accelerated change in a very compressed time frame. People's lives at work and at home have been turned upside down. All of this has been very hard on their mental and emotional health.

When people are stressed and anxious, the ability to show empathy is the most important skill a leader can have. In challenging times, building trust and engagement really matters, and empathy is the cornerstone of those connections.

How do you become a more empathetic leader? First, it's crucial to know the difference between empathy and sympathy. When we have sympathy for someone, we feel sorry for them. When we have empathy, we understand, feel, and share their pain. We are able to put ourselves in their shoes. (Brené Brown says empathy is feeling *with* people, not just feeling *for* them.) When we feel empathy, we are able to make a real and meaningful connection with people and pave the way to help them find workable solutions.

Practicing empathy requires a very individualized approach. We must create a personalized and purposeful approach. We must build teams one human at a time. We must build a culture of wellness one human at a time. Here is what empathy looks like in action:

**Get intentional about becoming a caring leader.** When we shift our mindset and expectations, we truly “lean in” as leaders. This is when we’re able to make a real difference. And knowing that we changed someone’s life for the better is one of the best feelings we’ll ever experience.

**Work tirelessly to break down the stigma.** Talk openly about mental health issues. Give people a safe place to land. This begins with creating a culture of psychological safety, which is vital to a healthy company.

*Psychological safety* is the feeling that one can speak up with ideas, questions, concerns, or mistakes without punishment or humiliation. It might be one of the most important characteristics of a resilient organization. And it is certainly important in issues around mental and emotional wellness. When people feel safe to tell you the truth in general—when they are comfortable speaking up when they know they have a problem—you are more likely to take action early. The assessments we discussed earlier will help start healthy dialogue.

It is crucial to allow people to feel their emotions and talk about it when they are having a tough time. This is not a weakness. Jay Kaplan,<sup>2</sup> MD, FACEP, medical director of care transformation at LCMC Health in New Orleans, spoke as part of our month-long Gratitude Symposium.<sup>3</sup> He says we need to normalize and reframe feelings. He tells folks “The depth of your feelings is the depth of your humanity.”

Dr. Kaplan also talks about the importance of leaders sharing with employees how we are feeling. For instance: “I’ve felt sad; I’ve felt afraid; I’ve felt angry.” This gives people permission to do the same. In this way, we can make empathy a habit.

**Be accessible.** Letting people know it’s okay come to you with tough messages promotes openness and trust. Be willing to hear honest feedback about what’s wrong. It will build trust and make your organization stronger.

**Be a good listener.** This is a fundamental part of being a great communicator (which we will discuss later) and a vital part of showing others that you’re interested in them. When we strive to be interested rather than interesting, we show people we care.

When talking to others, listen actively. It’s all too easy to spend your time calculating your response and not really listening. Try to stay focused on understanding what the person is saying, both verbally and non-verbally. Summarize what they are saying, and confirm that what you think they said is actually what they meant. When people don’t feel heard or listened to, it’s upsetting. It damages relationships.

**Build emotional bank accounts.** Stephen Covey talks about the emotional bank account in terms of building trust with employees. I've always seen that bank account as the reservoir that feeds passion, purpose, and desire to make a difference. In healthcare, we're lucky because we are in an industry where employees show up with a fully loaded emotional bank account. They see their work as a calling.

I love to speak to a graduating class of nurses. These are some of the most engaged and excited people ever. They can't wait to start their journey. Over time, though, the nature of that work can drain the emotional bank account (not only for nurses but for all healthcare workers). It's up to leaders to make regular deposits to counteract the withdrawals.

Over the years, we've found some tactics that work well for keeping employees engaged and connected to the larger sense of purpose that keeps them going and to the organization as a whole. It creates a human connection that creates an invaluable support system. We have found that "connection equals protection." In other words, the more connected people feel, the more protected they are from the impacts of stress and trauma and the less likely they are to burn out.

**Really get to know your people.** It's critical that leaders get in the trenches and spend some one-on-one time with each employee. This focused time with them will allow you to look for signs of burnout, stress, and anxiety.

One great way to make sure this happens is to do regular leader rounding. In terms of engagement tactics, this one is a powerhouse. It really shows people that you care and that you understand they don't operate in a vacuum. Round on employees regularly with an eye toward finding out what's going on in their lives. Hardwire this practice.

Essentially, leaders put a system in place to make sure they regularly meet with each direct report. They ask a series of questions aimed at getting to know people and making sure they have what they need to do their best work. In the best of times, rounding is a tool for creating a great employee experience. In the worst of times, it's a lifeline for making a deep human connection, reducing uncertainty (and anxiety), and ensuring that employees are truly "okay."

As you are rounding, notice changes in work habits or workstyle, changes in communication (short, brief emails, when they would normally give expanded answers), missing meetings, disorganization, or anything that seems out of the ordinary. You may also check with your HR department to make sure you know what signs to look for that indicate people may be burned out, stressed out, traumatized, anxious, or depressed. Many organizations have amazing protocols for detecting problems for early intervention, including well-developed programs giving frontline leaders the skills to respond appropriately when they feel someone could be in trouble.

**Pay attention to people’s personal struggles. Maybe you can help.** Dr. Kaplan points out that, as leaders, we may have no idea what employees are experiencing and feeling. We don’t know if they’ve lost a family member or a good friend. We don’t know if their partner has lost their job. We don’t know if their kids are struggling. The purpose of meeting one-on-one is to determine what they most need and to alleviate their issues where you can. There may be things you can do to help that they’ve never considered.

When you ask what an employee needs, don’t just say, “I understand.” Ask what you can do and get very specific about what you can do for them at this moment to make things better. When Liz Jazwiec,<sup>4</sup> RN, an authority on leadership, employee engagement, and service excellence, spoke as part of our month-long Gratitude Symposium she said, “Ask what people need from you. Not what they need from the Universe, but from you.”

**Meet people where they are.** Rather than placing expectations on employees—focusing on how they “should” feel or behave—seek to understand their perspective. Acknowledge and validate how they are feeling. Feeling understood is a powerful human need.

**Try not to take things personally.** What you’re seeing may have nothing to do with you and very little to do with work. Life happens and it’s not easy to leave negative emotions at the door.

**Acknowledge it even if you can’t change it.** People may be frustrated and disappointed by some things happening in the workplace. You don’t always have to fix the problem. We may know someone is having a hard time, but if we can’t change it, we might sweep it under the rug. What people often want is to be heard and understood, even if you can’t change it. It might just be taking ten minutes out of your day to sit with people and acknowledge what they are going through. Sometimes if we don’t have an answer, we simply avoid the conversation and trust starts to break down.

**Shift your perspective.** We have a lot of trouble stepping out of our own shoes and into someone else’s. When they tell their story, we can’t hear it because we are too mired in our own story. We’re thinking “You think you have it rough? What if you had to deal with my problems?” Try to approach every interaction from a place of “How can I put myself in this person’s shoes? What can I do to make their life easier?”

Leaders are always looking for the perfect employee. It’s just human to want to deal with “easy” people. It makes our lives smoother and more pleasant. But being a leader has never been about easy, smooth, and pleasant. We learn the most from those who challenge us. They are the ones who push us to grow.

Approach every employee interaction through a lens of “what does this person need?” rather than “what is this person doing wrong?” The role of a leader is to have a positive impact on the

person. Ask why they are behaving the way they are. Maybe they're scared or confused or worried. We know stress and trauma can manifest as belligerence, lashing out, resistance to change, etc.

Once we peel back the layers and see the fear that's causing employees to behave this way, it changes everything. Instead of being aggravated, we feel empathy for them, which in turn frees us to act with compassion. And we quickly come to see that every "challenging" employee is an opportunity to make a difference in someone's life, and also to grow as leaders and as people.

This allows us to help people when they are on the brink of burnout or in the throes of a mental health crisis. Even better, when we practice these skills regularly, we might help prevent them from getting to that point in the first place.

When we are able to see our employees' struggles and help them alleviate issues, it fulfills us in a deep way. It replenishes our emotional bank accounts, connects us to that crucial sense of meaning and purpose, and goes a long way toward preventing and healing burnout. (In other words, it re-engages us, and engagement is the opposite of burnout.)

## Create a Culture of Well-Being

It's important to get intentional about creating a great place to work. One of the most empathetic things we can do as leaders is to improve our work environment and culture. Here are just a few ways we can go about creating a culture of wellbeing:

**Rethink the EAP program.** Of course, no matter how much you do to try to destigmatize these kinds of wellness issues, people still may not be willing to speak up. That's why part of the leader's role is to gently intervene where needed. This might mean referring someone to the employee assistance program, or EAP.

I think many times people don't understand the employee assistance program so they don't use it when they should. It can help in finding all sorts of services for an individual. I have found over the years, when somebody would come to me about an employee who was dealing with very difficult issues, I would ask "Did you refer them to the EAP?" and they would say no. It wasn't that they didn't want to refer them; it just wasn't top of mind. It's also okay at certain times in the discipline process to make a mandatory EAP referral. You're not trying to be nosy or invade their privacy, but you want to make sure the person is seeking help.

Healthcare organizations have great benefit packages, but one of the least utilized benefits is the EAP. One of the most used pharmaceuticals is antidepressants. It's wonderful that antidepressants are available and help so many people. However, it's also good to combine therapy with the medication.

One idea that has a lot of promise is rethinking and expanding the EAP. Organizations could take it out of the Human Resources sphere and make it more than a treatment—make it a prevention-focused wellness initiative. We could move the EAP from being where people go when they are in distress to being more of a resource to help people stay well. This is one way we can promote personal resilience skills. Organizations could hold wellness checks for mental health. I think this is a great way to help create cultures of well-being.

**Promote collegiality and teamwork.** Dr. Stephen Beeson<sup>5</sup> did a presentation for The Gratitude Symposium. In it, he talked about the fact that a sense of collegiality, community, and belonging is the most powerful countermeasure to burnout. He clearly explained how the best antidote to the exhaustion, cynicism, and disconnection that come with burnout is being part of a strong, collaborative team.

Dr. Beeson described what he called the “camaraderie and sense of esprit de corps” that honors and values each and every team member. He used simple language and a lot of specificity to show the kind of team that helps remedy burnout, the kind that feels good to be a part of. The thing I liked most about his presentation is that he decoded the very specific behaviors that make a team collegial and create a sense of belonging.

Here are a few of the particular behaviors that the best teams exhibit:

They often describe their team as their family, their tribe.

They look out for each other and check in on each other.

They have fun together. They pick on each other, they have March Madness competitions, they have Fitbit competitions.

They ask things like “What did you do over the weekend?”

They lift each other up. We all have hard days and hard moments and hard circumstances in our lives, but when we have a team to rely on, we can get through them.

These teams purposely operate with low authority gradients. This means people aren’t afraid to speak up if they suspect someone above them is making a mistake.

They freely share and harvest ideas from one another. There’s this sense of wanting to tap into the best ideas of the people on the team.

They recognize and appreciate and have gratitude for one another.

They position each other well, to patients and to colleagues.

They bring hope and belief to one another.



They create a real sense of belonging, which is a fundamental human need. It means more than just having other people around you. There's a lot of loneliness in healthcare, especially where people have traditionally been trained to be self-reliant and go it alone.

Everyone feels valued and appreciated and challenged and coached and mentored as part of the team they're in.

It would be great if this kind of team happened naturally, but it doesn't. It has to be deliberately shaped. The right leader behaviors need to be consistently in place. (Dr. Beeson notes that "bullhorn and mandate" won't cut it.) From my own experience, it may help to show employees what right looks like by capturing behaviors like the ones above in a Standards of Behavior document that everyone signs off on.

As Dr. Beeson notes, when you successfully cultivate and nurture this kind of connection among employees, they will say "I love coming to work. I love my team. I love my family, I love my tribe, and I'm super proud of them. I love those people. I couldn't imagine going anywhere else."

Also, he made a great point about how all of this creates *intrinsic accountability* inside your culture. This a more powerful driver than external accountability which is driven by outside forces. Intrinsic accountability boils down to "you can count on me."

When we can create strong, connected, collaborative teams where people feel they belong, we find employees are willing to do a lot for their coworkers. Even in the toughest circumstances, they will keep pressing forward. They will find a way. Once that kind of culture is in place it can change everything for your organization.

**Model healthy behavior.** Take vacations. Don't work extreme hours. Get help if you need it (and don't try to hide it). The leader often sets the tone for what people feel comfortable with. Some or all of this advice may go against the grain for many leaders, but that only shows how deeply embedded these expectations are. We need to play a fundamental role in making the shift. Here, as in other areas, leadership is an inside job.

**Make a practice of looking for what's right.** We tend to look for what's wrong, almost by default. Balance out this tendency by training yourself to see what's going well. Recognize the behavior you want repeated. You may find that your employee gets less "challenging" quickly. Maybe what's also happening is that you're seeing the good that was already there.

Dr. Kaplan talks about showcasing "legacy moments," which are those times in which an employee made a difference in someone's life. This is a great way to connect people back to the sense of meaning that helps prevent and heal burnout.



Say **“thank you” sincerely and often.** Gratitude is contagious. And even if doesn't change things for you, as the saying goes, it changes you for things.

**Recognize small wins and daily progress.** This is a good strategy for the employee and for you as a leader. We have to look for the little things that worked today and learn to find joy in those. Everything is a process and when change comes rapidly (as it has this year), it's easy to get overwhelmed and feel really behind.

That's why we need to get in the habit of what Liz Jazwiec calls “finding the glimmers,” which is basically a way of looking in the mirror and saying “You were enough today.” We need to acknowledge these small wins and remind employees to do the same.

Finding and celebrating small wins helps counteract that “hamster wheel” feeling that nothing you do matters. When we can help people see that they are competent and effective, they do have a positive impact on others, and they do make a difference, it goes a long way toward alleviating burnout. Studies show you don't need big accomplishments to feel good about your work. What you really need is a sense of daily progress.

**Reward and recognize people where they are.** My experience is it is easy to fall into the trap of recognizing only when someone goes above and beyond. But just going to work every day in healthcare, with its ups and downs and pressure to provide great care, is worthy of being recognized. Taking this approach can have an amazing impact.

For example, when I was at Holy Cross, we held a hospital-wide celebration when we hit the 40th percentile in patient satisfaction. Then we raised the bar and said, “Now our next goal is to get to the 60th percentile, then 75th, then 90th, then 99th. Eventually we were in the top one percentile in patient experience!

Behavior that gets rewarded and recognized gets repeated. Not only does it lead to great results, it replenishes emotional bank accounts, builds strong relationships between leaders and staff, and create the kind of culture where talent wants to be.

**Encourage a culture of gratitude.** At times we all want to change what's happening around us. Most of the time, we can't. What we *can* do is shift our perspective. We can see the world from a place of gratitude, and that leaves little room for focusing on the things that weigh us down and make us miserable.

Throughout my life, I have found that, when we deliberately come from a place of gratitude, even if our circumstances don't change, the way we perceive them *does*. When we replace negative, stressful thoughts with positive ones about the things we're grateful for, we dramatically change how we experience life. Grateful people are happy people.

I recently came across an article<sup>6</sup> from *Psychology Today* that I thought was so interesting. The author, neuroscientist Alex Korb, PhD, writes about research that shows gratitude's profound impact on the brain and on our lives. A regular gratitude practice can help us sleep better, exercise more, experience less pain, and be happier in general.

Here are just a few of its insights:

**Gratitude influences our behavior.** Studies found that people who kept gratitude journals were more optimistic. They also showed increases in determination, attention, enthusiasm, and energy. That's not surprising. What is surprising is the regular focus on gratitude actually influenced their behavior. Not only were they happier, they got more exercise.

**Grateful people get more sleep, have less depression and anxiety, and feel fewer aches and pains.** One study discussed in the article explains why all of this is: Study subjects who showed more gratitude also showed more activity in the hypothalamus (which controls essential bodily functions and influences metabolism and stress levels) and impacted the neurotransmitter dopamine (which makes us feel good and prods us to repeat the thing we just did).

**Understand what gratitude is and what gratitude isn't.** Gratitude is about appreciating the positive aspects of our situation, NOT focusing on how our life isn't as bad as others'. This insight comes from a study on young people who kept gratitude journals. Those whose journals focused on comparing themselves to others didn't get the same benefits as those who journaled on what they were grateful for.

**A grateful disposition can rewire the brain.** Gratitude engages our brain in a virtuous cycle. It's hard to focus on both positive and negative stimuli at the same time, so it makes sense to give our mind lots of gratitude fuel. As Korb writes, "Once you start seeing things to be grateful for, your brain starts looking for more things to be grateful for."

When we understand how a grateful brain works, we'll see why making gratitude a daily (or even hourly) practice is a smart thing to do. A short-term effort isn't the solution. Instead of going on a "negativity diet," we need to make a complete lifestyle change around gratitude.

When we look for things to be grateful for every day, when we express it publicly, when we say thank you sincerely and often—and when we do these things both at work and at home—we train our brain to make gratitude our default setting.

Not only does this change our own life, it changes the lives of those around us. It paves the way for building stronger relationships.

By making the daily decision to focus on what is going right in our life, we naturally focus less on what's wrong. We spend less time dwelling on the past and worrying about the future. We live

in the present, which is where life happens, and where we can make deliberate choices to shape our world for the better.

**Leverage the power of good communication (*especially in times of crisis*).** Frequent, multi-pronged communication is important even in the best of times. Being transparent and keeping people informed not only helps you manage change, it reduces anxiety, builds trust, and keeps people engaged (which is, of course, a major antidote for burnout). Yet, even if we think we're communicating well, in times of crisis we almost certainly need to do even more.

A great example is how TriHealth, a \$2.1 billion health care system in Cincinnati, Ohio, handled communication during the COVID-19 pandemic. I had the privilege of interviewing CEO Mark Clement on my Busy Leader's Podcast.<sup>7</sup> During our conversation, he explained how TriHealth took a \$100 million loss in the first months of the pandemic. During hard times, you expect emotional bank accounts to be depleted, but when you handle things the right way, you can actually strengthen relationships and positively impact the entire organization.

Mark believes (and so do I) that being able to provide consistent, well thought out, real time communication is one of the most crucial leadership competencies. In fact, great communication is what differentiates managers from leaders. Managing is dealing with operations in a stable environment. Leading is more about navigating change and bringing everyone to a higher level of performance. It's about creating followers.

The right kind of communication alleviates anxiety. It keeps people engaged and connected (to each other and to their sense of purpose). It keeps organizations nimble, adaptive, highly aligned and able to innovate. Communication is always important, but in a time of uncertainty and rapid change, it is absolutely vital. It actually helps build your resiliency because it helps people manage the change and apply what they learn in future times of hardship.

When you realize how large TriHealth is, it's clear that keeping everyone up to date with consistent messaging is a major challenge. The system has more than 12,000 employees, about 1,200 employed and aligned physicians, and 150 unique sites of service. They care for more than 600,000 members of the community.

When COVID-19 hit, TriHealth used video technology to reach distributed stakeholders quickly and effectively. This allowed them to bring everyone at every level together more often. At the same time, they doubled down on on-the-ground tactics like leader rounding (executed safely, of course). Fortunately, they had the right culture in place, which helped them navigate the crisis.

Here are few insights I have learned from Mark Clement and other communication experts, as well as from my own observations over the years:

**There are two dimensions to communication: *what's being said and how you say it.*** In regard to what's being said, get intentional about communication and make it a priority. Share “good news,” but also be honest about impediments. Uncertainty requires transparency and openness. When explaining your decisions (especially the tough ones), start with the “why.” Then, connect back to your vision. At TriHealth, communication always links back to the system's vision of getting health care right, improving the health of the community, improving the experience of care, and delivering greater affordability and value while creating a more engaged physician community and team member community.

For the second dimension—how to say it—hardwire delivery of these messages into the fabric of your organization. Hardwiring moves your communication from being sporadic and scattershot to being unified and consistent. Just make sure you have a good way to cascade the same messages from senior leaders to middle managers to the front line. TriHealth used everything from Leadership Development Institutes to Town Hall meetings to monthly senior leader meetings to daily huddles and weekly rounding. Other options you might choose from are employee forums, hospital message boards, emails, and videos. Do what works for you.

**Adjust the frequency as needed.** Dial it up when things are more urgent; then bring it back when appropriate. In the height of the COVID crisis, TriHealth was holding weekly town halls and leadership meetings to push out talking points in their communication cascade. Once things settled down a bit, they've moved back to a monthly basis.

**Make sure leaders are highly visible during times of trauma.** Even if there is a spokesperson or call center in place, people want to hear from you, the leader, as much as possible.

**Communicate in ways designed to reduce anxiety.** For example, Liz Jazwiec suggests you might want to update your team every day at 10:00 a.m. like clockwork. If you're not sure, say, “We don't know.” You don't have to sugarcoat things. She adds that what you can do is *acknowledge, ask, and appreciate*—and constantly affirm your belief in the capability of the team.

**Intentionally address rumors and elephants in the room.** While the impulse can sometimes be to ignore these things or pretend they don't exist, it's best to get them out in the open.

**Don't shy away from giving bad news.** If there will be furloughs or pay cuts it's better to say so. (On the other hand, if that's not going to happen, say that too. Transparency means sharing good news as well as less good news.)

**Acknowledge fears and anxieties.** Don't minimize them with pep talks or platitudes. A big part of empathy is letting people know you understand their perspective.

**Be a great listener.** Often leaders don't want to hear pain or anger or other difficult emotions, but times of crisis or uncertainty are when it is most important for people to be heard.

**“Play offense” in communication.** This is a method for a) making sure people are getting info the way they want, and b) holding them accountable for reading it. Meet with your team and find out what excellent communication looks like to *them*. Have them give specific examples of times communication was great as well as times it fell short. Then ask them how and when they want to receive information. Once all details are agreed upon, and leaders start following these standards, the numbers of people who say “no one told me” should dramatically drop.

Great cultures depend on great communication. The more clarity people have, the better. In good times, great communication accelerates your performance. In hard times, it will save you. It’s just too important to leave to chance.

**Tell stories.** Stories are great communication tools. I’m not just talking about sharing facts and answering questions. That type of communication matters, too, but connecting on an emotional level is even more vital. I’ve always been a fan of good storytelling. Why? Because stories connect to the heartstrings. They make things real for the listener. When we tell stories about that doctor or nurse who saved a life or made a profound impact, what people hear is “my work makes a real difference.”

Stories are also great teaching tools. When we connect a story to a behavior, we inspire employees to do more of that behavior.

Storytelling helps connect people back to meaning/purpose/passion. This actually goes a long way toward helping people with burnout, since cynicism/disconnection from your work is a key component.

Stories also build community. They help staff members to see that, however deeply they are struggling, they’re not alone. I feel one of the most important things leaders can do is give people space and time and attention to tell their COVID-19 stories. People want to be heard. Sharing their stories helps them process their anxiety, grief, and other strong emotions.

All of the above tools & tactics are actions leaders can take to promote wellness on an individual level. But sometimes treating employee stress and burnout also requires taking a close look at how the organization operates. Are there systemic issues that need to be addressed?

## **Remind and Replenish: Two Questions That Shift Moods and Mindsets**

From time to time, we all get worn down and maybe even a little burned out. We have a string of hard days (or weeks or months) and lose sight of what we’re doing and why we’re here in the first place. This is normal. The good news is that, at times, a simple reminder can completely change our outlook.

Here's a table activity I like to use in meetings and workshops. I ask everyone to think about these two questions and share their answers with the group:

1. Why did you choose to work in healthcare?
2. You could work anywhere. Why do you choose to stay at \_\_\_\_\_ [insert organization name]?

It's amazing to see how these two questions reconnect people to mission. They remind us of the difference we make and all we have to be grateful for. The energy in the room shifts, and it makes for a more positive, productive meeting or session.

There's another great byproduct as well. When leaders hear all the reasons people like working at their organization, it fills their cup, too.

Ask these questions often. You'll love the good feelings it creates, and you'll help people get in the habit of thinking about their job in a different way.

## **The Power of a Well-Run Organization**

A healthy organization really requires a two-pronged approach, a focus on the individual and the organization. We often treat stress and burnout solely as an employee problem. We approach it by treating the employee. This makes sense, but it's only part of the solution. Along with helping individuals build resilience and manage stress and burnout, we need to look at how we might be exacerbating the problem.

In other words, we need to do more than generate coping mechanisms. We need to fix the problems that frustrate people. Upstream interventions to deal with the cause of stress and burnout are better than downstream tactics to deal with them after they happen.

Stress and burnout often originate from not being a well-run organization. Certain practices create a culture of chronic burnout: heavy workloads, leaders who may not be well-trained in areas like communication, processes and procedures that generate unnecessary problems, etc. On the other hand, a well-run organization has a huge impact on people's well-being.

One of the things I wrote about in *Healing Physician Burnout*, with Dr. Ford's help, is that sometimes we treat the symptoms of stress and burnout and not the root cause. By that I mean, if somebody acts out, we're going to deal with the acting out. If things are getting in the way of their performance, whether it be lateness, inconsistency, or caustic behavior, we're going to address those symptoms. But are there some root causes creating the symptoms? If so, we certainly need to address these issues too. That is why in *Healing Physician Burnout* we focus so much on creating the kind of culture that makes it easy for doctors to practice medicine.



It's a good idea to take a best odds approach for employee wellness. Create a well-run organization and a culture that sweats the small stuff. Often it is the little things that lead to stress and eventually to burnout. It's the "pebbles" we trip over, not the Grand Canyon. The little road blocks that keep us from being as helpful and useful as we want to be can turn into hugely frustrating stressors. A well-run organization really impacts people's well-being.

A huge part of the leader's role is giving people the tools they need to do the job. Training, of course, needs to evolve with changing circumstances. Right now, it is really important that leaders are well-versed in the fundamentals.

Sometimes we drift away from the fundamentals a little. But in times of crisis, we must bring ourselves back to them and make sure they are hardwired. We need their good results, and the structure they provide, more than ever.

In times of great stress and uncertainty, it may also help to understand the Job-Demand-Control-Support (JD-CS) model. This popular theory, published in 1990 by Karasek & Theorell, can help an organization tackle burnout at scale. Essentially, high job demands and heavy workloads place a lot of stress on employees. However, individuals can better manage this stress when they feel a sense of control over their job and a sense of support from their supervisor and colleagues.

You can see how this requires well-trained leaders who know how to strike the right balance between giving employees autonomy and knowing when and how to intervene.

### **Not Less Work, More Meaning**

Also, as we've touched on throughout, leaders need to know how to help employees connect back to that sense of meaning and purpose. Often, when people are burned out, our immediate thought is "decrease their workload." We all know, of course, that this is not always possible, especially in healthcare. But also, it's often not the right answer anyway. Many times, the key to healing burnout is not less work, it's more meaning.

Being able to shape employees' work lives is not easy. That's why leadership is a skill set, one that must be mastered. No one is born knowing how to lead. And few are able to "pick it up" when they're made interim leaders, as people in healthcare so often are.

Great leadership takes training, and plenty of it. Creating the conditions that create a culture of mental wellness is an integral part of that training. Every leader behavior, every tactic, every process and every procedure that goes into creating a well-run organization either supports that wellness or detracts from it.

We owe it to our clinicians and staff—and, of course, our patients—to create high performance organizations.

# A Closing Thought

As we discussed at the start of this book, there are many natural withdrawals from people's emotional bank accounts. That's why healthcare organizations must be great at making deposits. Leaders are not immune from withdrawals from our own emotional bank accounts, either. To help others heal, we must first help ourselves heal. We need to become experts at *replenishing*—ourselves, our employees, and our organizations.

My most recent book, *The Calling*, is meant to help those working in healthcare to keep their emotional bank account overflowing. It starts by identifying some common barriers that can subconsciously prevent us from keeping our bank account full. Then it lays out some mind shifts, tools, techniques, and best practices—*replenishers*—that help refill and renew the sense of passion that can get temporarily depleted.

The good news is we *can* build replenishment into our culture. We can hardwire tools and tactics that create consistent processes and behaviors, and, ultimately, consistent outcomes. We can benchmark departments that are performing well, harvest those best practices, and transfer them to other areas. We can teach the phases of competency and change so people know what to expect when we ask them to do something new.

There are ways to communicate that reduce anxiety, create engagement, and resonate with people's values. We've discussed many of those ways in this book. We can reward, recognize, and say thank you (gratitude is a powerful force). We can use storytelling to connect people to the



difference they make. Many of these replenishers seem like small acts but, done consistently, they will have a huge impact.

People in healthcare need replenishing more than ever. The past several years have left so many of us stressed out, burned out, and traumatized. And COVID is certainly not the last disruptor we'll face. Healthcare will always be defined by change, which is why our emotional bank accounts need constant refilling.

We need to be at our strongest so we can manage this onslaught of change without getting overwhelmed. We need to keep getting better and better to meet the challenges the future will bring. By creating cultures of replenishment, we can live up to our human responsibility to our patients, our clinicians, our employees, and ourselves.

# About the Author



Quint Studer has spent nearly four decades in healthcare. He worked for multiple healthcare systems, the last stop being president of Baptist Hospital in Pensacola, Florida. In 2000, he founded Studer Group®, a healthcare and education coaching company. The company was sold in 2015, and Studer left in 2016. He went on to found the Studer Community Institute, a not-for-profit whose mission is to improve the quality of life for people. He is cofounder and partner of Healthcare Plus Solutions Group, which focuses on diagnosing the most urgent pain points of an organization, collaboratively designing solutions, and helping in the implementation of the solutions. He has authored many books, with several listed on best-seller lists. He serves on several healthcare boards and is a

frequent speaker, workshop facilitator, and mentor to individuals and organizations. The tools and techniques Quint has created over the years are now staples in healthcare systems throughout the world.

To learn more, please visit [www.HealthcarePlusSG.com](http://www.HealthcarePlusSG.com) and [www.TheGratitudeGroup.com](http://www.TheGratitudeGroup.com).

# About Healthcare Plus Solutions Group

In 2022, Quint Studer and Dan Collard founded Healthcare Plus Solutions Group (HPSG), which focuses on diagnosing the most urgent pain points of an organization, collaboratively designing solutions, and helping in the implementation of the solutions. Because no two healthcare organizations are exactly alike, HPSG's services are tightly customized. They curate a team of experts and stakeholders to **diagnose** your most urgent pain points; **design** smart, **collaborative** solutions; and create a plan to **execute** in a way that gets measurable results.

## **Diagnose**

HPSG looks at the health of your organization as a whole: the people, the metrics, the systems, the leadership, the culture, etc. Seeing how the entire ecosystem works together helps to identify root causes and to implement tools and techniques to achieve the organization's desired outcomes.

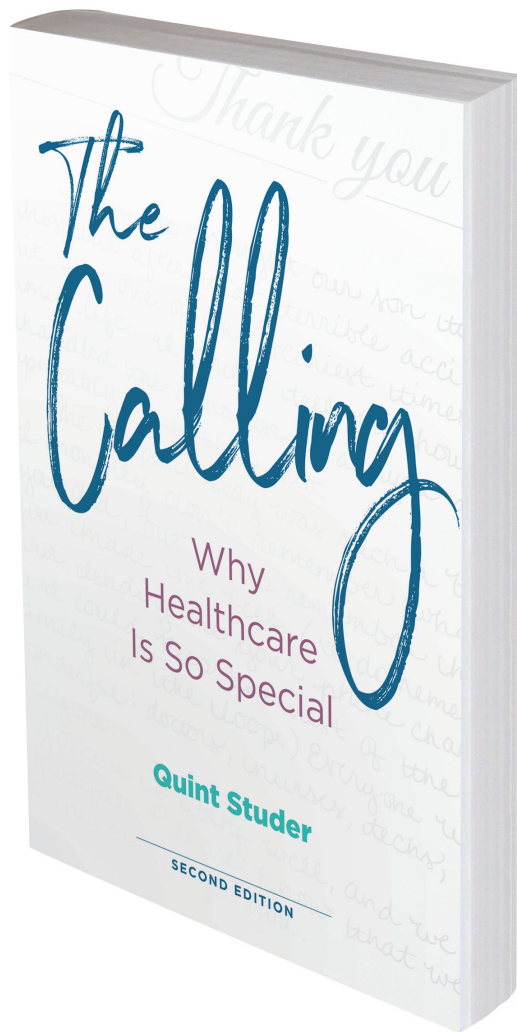
## **Collaboratively Design**

They don't just bring their own expertise to the table, they pull in respected industry resources. And since the most workable plan is one the partner helps shape, they collaborate closely with your senior team throughout the design step of the process.

## **Execute**

HPSG's goal is to help you take action that yields metrics-backed "quick wins." They don't overwhelm your team with too much change too quickly, but help you act with the right scope and sequence to generate near-term performance improvements.

To learn more about Healthcare Plus Solutions Group, please visit [www.HealthcarePlusSG.com](http://www.HealthcarePlusSG.com).



One challenge we in healthcare face is keeping our passion and purpose high. In *The Calling: Why Healthcare Is So Special*, Quint zeroes in on the barriers that can hold us back, then moves on to the replenishers that keep our emotional bank account full—or refill if we’re running on empty. He shares a lifetime’s worth of stories and insights that enlighten, inspire, and showcase the many gifts of healthcare people.



*Rewiring Excellence: Hardwired to Rewired* is Quint’s response to our rapidly shifting environment. Along with Dan Collard, who contributed to the book, he pinpoints the key areas that—at least in many organizations—may need rewiring. And he provides a wealth of practical how-tos for getting started.

To order *The Calling* or *Rewiring Excellence*, please visit <https://healthcareplussg.com/resources/books/>.