

RESILIENCY TOOLKIT

A Comprehensive Guide for Health Centers & Their Staff

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL


STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION



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The National Health Care for the Homeless Council (NHCHC) is the premier national organization working at the nexus of homelessness and health care. Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness. We are a National Training and Technical Assistance Partner (NTTAP) of the Bureau of Primary Health Care (BPHC). Please visit www.nhchc.org to learn more. You can contact the NHCHC at council@nhchc.org.



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Introduction

The trauma-informed care paradigm dramatically changed how health care professionals conceptualized patients, treatment, and services. They moved away from the traditional paradigm of asking, "What is wrong with you?" to the more scientifically backed and compassionate "What happened to you?". In recent years, a pandemic, civil rights struggles, staffing shortages, economic strains, supply chain issues, mass shootings, and a contentious political environment left health care professionals and organizations burned out and traumatized. We must turn the trauma-informed lens on ourselves and ask, "What happened to us?"

The last several years have challenged everyone's capacity for resiliency, or the capacity to recover from difficulty quickly. When stress rises to a high enough level, it becomes traumatic, leaving many professionals with high anxiety and/or depression. This Resiliency Toolkit has three high-level and ambitious goals. First, to provide leaders and organizations an understanding of how this trauma impacts people personally and professionally. Second, to assist in applying best practices to help our workforce improve their health and well-being. Finally, to provide resiliency strategies that address some of the structural problems plaguing the healthcare industry that put our workforce in a vulnerable place even before the pandemic. We designed this toolkit to be a resource that can readily be applied by an organization's leadership team.

In addressing workforce resiliency, we must understand healthcare leadership's dilemma concerning self-care. Coming out of the COVID-19 pandemic, the term self-care lost much of its positive connotation, and many started viewing it as a negative or burdensome term. Let us examine the reasons behind the fall of self-care and find areas for personal and organizational responsibility.

Many people view the idea of self-care as an excuse for organizations not to focus on burnout prevention or people's health. Many leaders and organizations implicitly or explicitly send their staff messages that it is the employees' responsibility to manage the stress from their jobs. If someone burns out, it is the failure of the individual. While rarely stated bluntly, the message many hear from their leaders goes like this, "Sure, we will burn you out during the day. However, we expect you to practice self-care on your own time to perform at peak levels the next day."

Self-care presents leaders with a dilemma – striking a balance between personal or organizational responsibility when it comes to trauma and burnout. On the one hand, performance and productivity research demonstrates the connection between self-care practices, cognitive performance, and the ability to help patients reach their goals. On the other hand, stress at work leads to burnout that needs to be addressed, and preferably prevented. How leaders and organizations structure the workload and environment will drastically impact the health and performance of staff. Recognizing this dilemma allows us to

explore the balance between personal and organizational responsibility. It is fair to ask the individual to manage the stress in their personal life and adopt habits that promote resiliency, just as leaders should strive to minimize the stress from job demands (Schwartz, 2010; Stulberg & Magness, 2017).

While this line of privacy and differentiation between work and home should continue to exist, we hope this toolkit helps start more significant conversations about health and wellness inside and outside the workplace. Leaders and organizations that successfully support wellness will create a more engaged, motivated, creative, intelligent, satisfied, and healthier workforce.

Section 1: Individual Health & Resiliency

Threats to Resiliency, Health, & Productivity

To understand the nature of burnout, we must first explore the nature and causes of stress.

- **Homeostasis:** ability to adjust internal states to respond to the demands of the environment.
- **Stress:** environmental variables that challenge and disrupt homeostasis, forcing the mind and body to adjust and create a new internal state to meet the environmental demands and reestablish homeostasis.
- **Eustress:** the perception of stress as positive, leading to motivation, believing response will lead to a favorable outcome.
- **Distress:** the perception of stress as negative with unwelcome outcomes.
- **Allostatic load:** the amount of distress the person currently faces. Increasing levels of distress result in struggles with emotional regulation, physical energy, and cognitive functioning.
- **Allostatic overload:** when the cumulative allostatic load exceeds the person's ability to cope. Allostatic overload can result in burnout, trauma, and moral injury.

Several variables profoundly influence our perception of distress.

- **Unpredictability:** when someone cannot predict the outcome of a stressful situation or believes they have little power to influence the potential negative outcome.
- **Duration:** negative consequences of distress increase if it persists for a long duration of time, where the person cannot eliminate the source of the distress.
- **Importance:** distress increases the more we care about a situation or stressor (Rock, 2009).

For those in the helping professions, four primary sources of distress can lead to burnout.

- **Empathetic intensity:** the psychological impact of listening to someone else's trauma, pain, and suffering. This exposure is especially harmful when the

professional feels powerless to stop the trauma. Compassion fatigue or vicarious trauma occurs when empathetic intensity results in allostatic overload.

- **Retraumatization:** occurs when a patient's traumatic story connects with the professional's past experiences. Retraumatization forces the person to reexperience the emotions felt during their past trauma. Secondary trauma describes retraumatization triggered by the act of helping others.
- **Moral distress:** occurs when the professional feels that directives or actions deviate from their values, expectations, morals, and ethics. They know the right thing to do, but organizational or other restraints make it impossible to pursue the right course of action. When moral distress hits a certain level of intensity and goes on for a duration of time, it results in moral injury.
- **Work distress:** results from all the demands of the work environment, including burnt-out co-workers, dysfunctional team or organization dynamics, infuriating bureaucracies, paperwork, grant deadlines, emails, meetings, and all the other challenges of modern healthcare (Barnes, Hurley, & Taber; Bennett, 2022; Bloom, 2006; Bloom & Farragher, 2011; Duhigg, 2016; Geller & Madsen, 2004; Lipsky & Burk, 2009; Stamm, 2010; Wilson & Lindy, 1994).

Stages of Burnout

A simple four-stage model of burnout helps demonstrate the escalating effects of distress and trauma on people's well-being. The four stages are 1) Exhaustion, 2) Guilt, Shame, and Doubt, 3) Cynicism and Callousness, and 4) Crisis. As professionals progress through the stages, they experience the symptoms of the stage they are in and those of previous stages. The higher the stage, the more anxiety or depression and the lower the quality of work. The goal is to stay out of these stages altogether. The secondary goal is to recognize the symptoms of the early stages and take action to get out of the stage before moving to higher stages (Maslach & Leiter, 1997).



Stage 1: Exhaustion

The tremendous amount of distress in healthcare makes it nearly impossible to go beyond a few months without experiencing some level of exhaustion. Identifying the warning signs of exhaustion is critical because if people do not act to address it, they risk quickly moving into more harmful stages.

- **Physical warning signs:** include stiff necks, sore backs, strained muscles, headaches, colds that will not go away, and other little aches and pains that are more annoying than debilitating.
- **Psychological warning signs:** manifest as dreaming about work, trouble sleeping, obsessive worry, ruminating about work, increased use of drugs or alcohol, and minor depression or anxiety. These warning signs are not at the level of a mental health diagnosis unless people exist in exhaustion for months or years.
- **Social warning signs:** show up in relationships.
 - **Personal:** include a lack of desire to connect with friends and family in meaningful ways and less patience with children and loved ones.
 - **Professional:** find it harder to empathize and be present with patients and co-workers, especially those speaking about their pain or trauma.

The good news is that if the professional identifies they are in this stage, a long weekend, time in nature, and fun activities with good friends can get them out of exhaustion. Finding their way back into wellness can improve energy and mood. If they fail to address burnout at the exhaustion stage, they risk moving to the next stage: shame, doubt, and guilt.

Stage 2: Shame, Doubt, and Guilt

Shame, doubt, and guilt are psychological reactions when someone's performance falls below their expectations. People need healthcare professionals at their best every day. It is uncomfortable to realize that exhaustion is decreasing their quality of work. This realization leads to feelings of doubt about the ability to regain their former level of quality. A sense of guilt usually accompanies this doubt and over time turns into shame.

Because exhaustion prevents the professional from accomplishing everything they want at work, they start to work longer hours. Just because they work longer hours does not mean they are getting more done. Often, the opposite is true. The exhaustion from the long hours decreases energy further. While they may technically work longer hours, these hours become largely unproductive and inefficient (Rock, 2009).

In the second stage, someone may need to talk to an empathetic co-worker, supervisor, or friend and process their guilt and doubt. If you exist in this stage for extended periods, mental-health therapy can help resolve the shame. Time off is a good idea. In the second stage, someone might need two or more weeks off to recover from exhaustion and regain their mental wellbeing.

Stage 3: Cynicism and Callousness

Cynicism and callousness are natural reactions to continuous experiences of exhaustion and shame. Whereas the first two stages are emotional reactions to holding too much stress, cynicism and callousness become traits that transcend the work environment. Many people in this stage experience withdrawing empathy, as their compassion and caring dissolve into a cynical view of the work, the people they serve, and their co-workers.

People in this stage often also experience unhealthy levels of anxiety. This anxiety leads to disrespecting people they serve and their co-workers by gossiping and acting passive-aggressively. Usually, mental-health services and considerable time away from work are needed to recover from stage three. Someone in this stage must understand that the path back to wellness will take time and considerable effort. However, every ounce of work is worth it to avoid progressing to crisis.

Stage 4: Crisis

The final stage, crisis, is devastating on many levels. People in the crisis stage are actively experiencing trauma from work. Due to elevated levels of distress, allostatic overload, and trauma over long periods, they can no longer function personally or professionally in a healthy place. If the person in crisis continues to work, they will most likely isolate themselves from their co-workers. Rarely can co-workers maintain a healthy working relationship with someone in so much pain.

The trauma of crisis transcends the work environment and prevents the person from being a present spouse, partner, friend, parent, or community member. Divorce, job loss, and other extreme relational issues often happen when someone is in crisis due to work distress. This can include the drugs and alcohol some people use as a short-term escape for their stress can turn into a substance use disorder leading to a range of other personal and professional issues.

The Impact of Burnout

There is a great deal of research surrounding burnout and the long-term consequences of work distress. Here are some of the findings on occupational distress and burnout (Achor, 2010; Fernandez, 2006; Hoopes & Kelly, 2004; Maslach & Leiter, 1997; Siebert, 2005).

Impact on physical/medical health: increased risk of heart disease, stroke, type II diabetes, cancer, musculoskeletal disorders, gastrointestinal disorders, autoimmune disorders, chronic fatigue, sexual issues, headache, colds and flu, and back problems.



Impact on psychological health: increased feelings of incompetence and doubt, negative attitude about work and the rest of life, risk of memory loss, cognitive decline, early-onset Alzheimer's disease, drop in IQ, loss of creativity and cognitive flexibility, sleep problems, shame, mental fatigue, anxiety and irritability, depression, guilt, and aggression.

Impact on social/occupational health: increased potential for social isolation, relationship issues, poor job performance, decrease in morale, decrease in motivation, absenteeism, tardiness, theft at work, turnover (40 percent is stress-related across different fields), grievances and complaints, litigation, low job satisfaction, and job injuries.

It is not overly dramatic to say that chronic work stress kills people and organizations. Poorly managed distress levels rob individuals of the cognitive, medical, mental, and social health they need to succeed at work and enjoy life. Burnout causes teams and organizations to operate well below their potential while opening them up to various risks.

Additional Resources

- [Stress and Homeostasis: Heart Rate Variability Podcast](#)
- [What is your Homeostasis? The Trauma-Informed Lens Podcast](#)
- [Trauma-Informed Systems, Chronic Stress, & Shared Trauma: The Trauma-Informed Lens Podcast](#)
- [Start of Blog Series on Stages of Burnout](#)
- [Medical Ethics and COVID-19](#)
- [Compassion Fatigue](#)
- [Coping with Stress, Creating & Maintaining Hope](#)

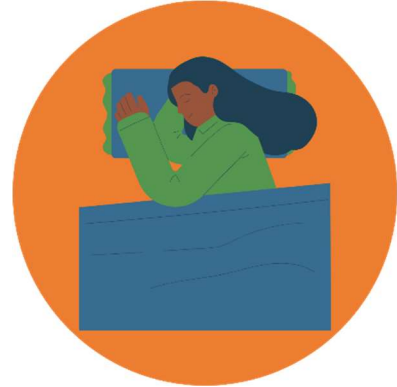
Resiliency & Wellness

Organizations that successfully support wellness will create a more engaged, motivated, creative, intelligent, satisfied, and healthier workforce. As mentioned earlier, resiliency and work performance depend on personal behaviors and organizational health. The challenge for leaders is to start conversations and provide resources to support the wellness strategies in this section. There is a big payoff to this focus on employee resiliency: leaders who invest in wellness programs had employees who felt more motivated to do their best, 91 percent of employees at organizations that invested in wellness programs reported feeling more motivated to do their best versus 38 percent at organizations without such programs; 91 percent were satisfied with their jobs versus 30 percent at those without wellness programs; and 89 percent of those in the group with organizational focus on wellness would recommend the company as a good place to work versus 17 percent at the organizations without that focus (Clifton & Harter, 2020; Fisher & Phillips, 2021). In the following sections, we will explore ways leaders can empower their workforce to take better care of their health.

Physical Health

Sleep

Sleep helps ensure the optimal performance of the body and mind. Research shows that most adults need a full eight hours of sleep a night, while the average American gets only 6.7 hours. Beyond just being tired, insufficient sleep has a devastating impact on well-being and cognitive functioning. Lack of sleep has much the same effect as alcohol intoxication, increasing the number of mistakes people make and decreasing productivity and cognition. While those around them might notice the behavior change, people often remain unaware of the impairment caused by lack of sleep.



A recent National Institutes of Health (NIH) study showed that sleep-deprived people consume an average of 549 additional calories a day, putting people at risk of developing type II diabetes, and decreasing their lifespan (National Sleep Foundation, 2019; Rath & Harter, 2010; Stulberg & Magness, 2017).

Fortunately, there are some best practices for getting restorative sleep. Below are some recommendations from the research to help those who struggle with sleep.

- Turn off all electronics about an hour before going to bed.
- Avoid alcohol and food a few hours before bed.
- A cool, dark, and quiet environment promotes sleep.
- Sleep consistency, waking and going to bed at the same time every day, leads to falling asleep faster and increases sleep quality.
- Cognitive behavioral therapy for insomnia (CBT-I) is an effective treatment for those struggling with sleep or insomnia. (Mitchell, Gehrman, Perlis, & Umscheid, 2012; Ruwaard, Lange, & Emmelkamp, 2011).

Movement and Exercise

Consider movement and exercise as a release valve for allostatic load. If distress is not released, it just sits in the body and accounts for many of the adverse medical, occupational, and psychological effects of distress. The key is getting some movement each day; do not underestimate the health benefits of walking or wheel chairing for even a few blocks.

While the physical benefits of exercise are well known, the effects on the brain are just as powerful. People who exercise have larger prefrontal cortexes, which plays a key role in cognitive functioning and emotional regulation. In addition, exercise helps create new neurons in the brain, a process called neurogenesis. Neurogenesis and the removal of cortisol help improve learning and memory creation and protect the brain from injury and aging (Fernandez, 2006; Kharrazain, 2013; Rock, 2009; University of Texas Southwestern Medical Center, 2010).

Nutrition

One reason distress is so devastating to health is that it inflames the gut, brain, and the rest of the body. Eventually resulting in many mental, cognitive, and physical stress-related illnesses. A person's nutritional choices either contribute to inflammation or suppress it. People should approach nutrition with grace and gentleness while trying to limit inflammatory foods and integrating as many anti-inflammatory foods as possible into their diets. It is often easiest to focus on foods to add as opposed to foods to limit.

Here is a list of foods that have been associated with inflammation and should be limited:

- Processed foods
- Sugar
- Sugar Substitutes
- Artificial Sweeteners
- Refined Carbohydrates (such as bread and pasta)
- Alcohol
- Soda
- Most juices and Sugar-Sweetened Beverages
- Trans Fats
- Saturated Fats



Here is a list of foods with anti-inflammatory properties:

- Green Leafy Vegetables
- Probiotic Foods Like Sauerkraut, Kimchi, Kombucha, or Yogurt
- Bone Broth
- Sweet Potatoes
- Yams
- Beets
- Broccoli
- Tomatoes
- Peppers
- Blueberries
- Raspberries
- Strawberries
- Chia Seeds
- Flax Seeds
- Extra-Virgin Olive Oil
- Turmeric
- Ginger
- Cinnamon
- Walnuts

- Almonds
 - Garlic
 - Onions
 - Green Tea
 - Wild-Caught Fatty Fish
 - Dark Chocolate and Cocoa
- (Dana & Porges, 2018; Moore & Elliott, 2020).

The Mediterranean diet, which consists mainly of vegetables, fruits, nuts, seeds, whole grains, beans, and olive oil, with moderate amounts of lean poultry, fish, seafood, dairy, and eggs, has consistently been shown in large studies to decrease inflammation and chronic diseases like heart disease and diabetes (Eleftheriou, et. al, 2018; Mitrou, et. al, 2007).

Mental Health

Managing Personal Distress & Trauma

A common piece of self-care advice says, "Leave work at work and home at home." The goal of this advice is practical, as ideally, distress at work would not impact our personal lives and vice versa. Unfortunately, no one has a second body and brain for personal and work distress. If someone experiences personal trauma, it is impossible to prevent it from impacting emotional, cognitive, and social functioning at work. While they should do everything possible not to let distress in their personal lives affect work quality, if they come into work traumatized, the quality of work will suffer. The ability to live happy and healthy and address personal struggles and trauma directly impacts the quality of work.

Therapy

With the elevated levels of burnout and trauma inherent in healthcare, nearly everyone could benefit from mental-health services at some point in their career. When should someone consider seeking mental-health services?

Experiencing any burnout stage beyond exhaustion indicates that the work is starting to impact social and emotional health. A therapist can help resolve the root causes of guilt and doubt, as well as any resulting shame, and then help chart a path back to wellness. Also, being in the exhaustion stage for an extended period demonstrates that the person might not possess the ability to get out of this stage without help.



Another way to assess if therapy could help is when a friend, family member, or partner identifies that things at work are impacting behavior, relationships, or enjoyment at home.

Trauma and burnout will follow people home. When someone struggles in their parental, spousal, friend, or community member role, it is a reliable sign that they should seek support. While outside the professional scope, the inverse is also true. When someone struggles to not bring emotional issues from their personal life into work, it is a sign that the person could benefit from therapy. A therapist will support the individual to address these issues, keeping work performance as high as possible as the person works through personal trauma.

Mindfulness



Mindfulness improves medical health and immune functioning, helps speed up the healing from injuries and illnesses, improves mental health, lowers stress levels, improves work outcomes, increases compassion and empathy, and even improves marriages, friendships, and other relationships. Some studies even show that mindfulness increases prefrontal cortex size (Davidson et al., 2003; Davis & Hayes, 2012; Goleman & Davidson, 2017; Rock, 2009; Siegel, 2011; Seigel, 2016).

A mindfulness practice requires a little time each day to focus attention on one specific object or on breathing, movement (such as a yoga pose or tai chi set), or a mantra, chant, or prayer that is repetitive in nature. This daily practice creates the ability to bring mindfulness into work and personal relationships.

Here are a few effective mindfulness practices that someone can easily research online:

- Mindful breathing: pranayama, one to two breathing, and square/box breathing
- Physical mindfulness: yoga, tai chi, walking meditation
- Online or media-guided meditation: loving-kindness meditation, body scans, progressive relaxation, and guided/directed practices

Social Health

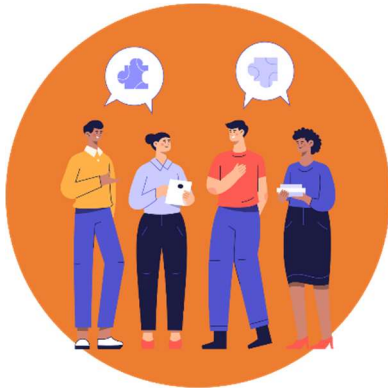
Nature of Emotions & Social Networks

The quality of personal relationships significantly influences mental, emotional, and even cognitive health and well-being. Emotions and behaviors are highly contagious, and many social scientists compare them to viruses that spread from person to person. People take on the behaviors and emotions of people around them. If all their friends hike or play tennis, they will likely engage in these healthy activities. Unfortunately, the same is true for smoking, drinking, and drug use. Social networks have both positive and negative influences on overall well-being. Work puts professionals in constant contact with patients experiencing trauma and, as is too often the case, burnt-out co-workers. It is important to spend personal time with

people who elicit feelings of joy and happiness while promoting healthy behaviors (Christakis & Fowler, 2009).

Research shows that six hours a day of positive social time dramatically increases well-being while minimizing distress and worry. The six-hour mark correlates with people self-reporting that they had a great day. Anything less than six hours decreases these positive effects proportionally (Lieberman, 2014).

Professional Social Health



Of course, it is impossible to discuss social networks without mentioning co-workers. As members of each other's social network, the relationships between co-workers directly affect all parties' physical and emotional health. It is nearly impossible to offset the stress experienced in dysfunctional teams or organizational cultures with personal wellness strategies. Someone could eat anti-inflammatory foods, run marathons, meditate on top of a mountain, and hang out with amazing friends. Still, if they walk into an unhealthy work environment daily, they will have trouble maintaining health and motivation.

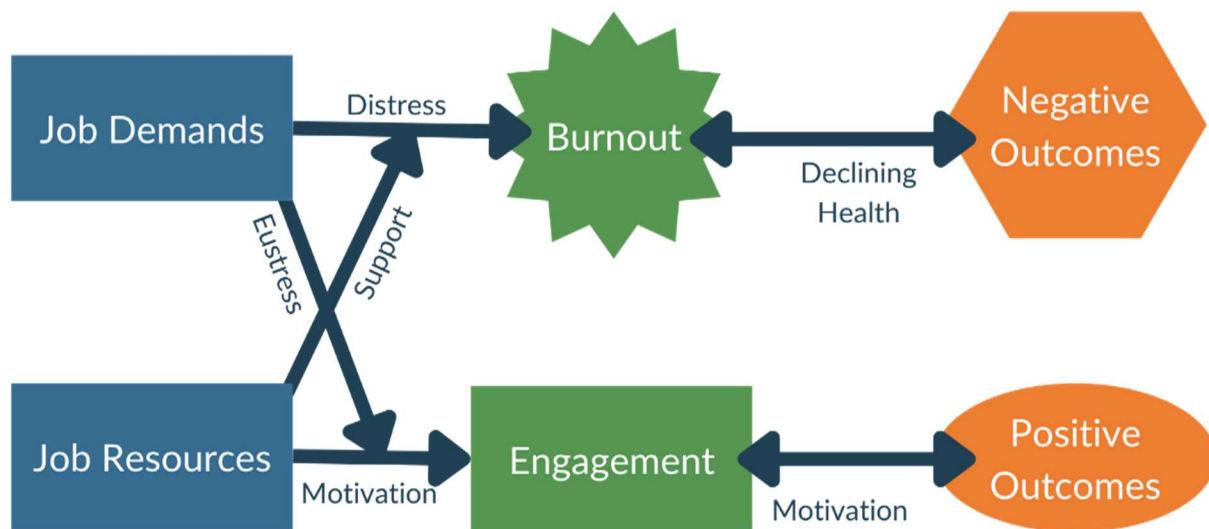
When co-workers support each other, wonderful things happen for the organization's collective health and the quality of care and services. People working in healthy teams and organizations experience fewer mental and emotional health issues, decreased distress, and absenteeism. They bring a greater sense of purpose to their work, perform better, get sick less, and recover faster from setbacks (Christakis & Fowler, 2011).

Additional Resources:

- [Sleep: Heart Rate Variability Podcast](#)
- [Movement: Heart Rate Variability Podcast](#)
- [Movement, Exercise, & Stress with Dr. David Hopper: Heart Rate Variability Podcast](#)
- [Dr. Ron Siegel on Mindfulness: Heart Rate Variability Podcast](#)
- [Dr. Chris Germer on Mindful Self-Compassion: Heart Rate Variability Podcast](#)
- [Dr. David Treleaven on Trauma-Sensitive Mindfulness: Trauma-Informed Lens Podcast](#)
- [How to Begin a Meditation Practice](#)
- [Trauma & the Power of Social Networks: Trauma-Informed Lens Podcast](#)
- [Sleep Hygiene Handout](#)
- [Wellness Plan Template](#)
- [Self-Care Basics in Health Care for the Homeless Settings](#)
- [Renewal and Resiliency in Our Work](#)

Section 2: Organizational Strategies for Preventing Burnout and Building Resiliency

With over twenty years of research to support its efficacy, the Job Demand and Resource (JD-R) Model helps demonstrate the connection between burnout, patient health outcomes, and organizational financial health (Passmore, 2016).



Job Demands

Job demands are the physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort or skills and are associated with specific physiological and/or psychological costs. Job resources are physical, social, emotional, or organizational aspects of the job that may do any of the following:

- Reduce job demands and the associated physiological and psychological costs.
- Be functional in achieving work goals.
- Stimulate personal growth and development.

The following strategies help to reduce the distress inherent to many of the job demands of healthcare.

Shared Expectations

Job expectations shifted dramatically during the COVID-19 pandemic. Now is the time for leaders to rethink job expectations and start conversations concerning wellness and

resiliency. Unfortunately, research done before the pandemic shows that most people cannot state their job expectations, nor do they ask for clarification. Many organizations fall back on the job description to prove they established shared expectations. However, the final bullet point on most job descriptions reads something like "all other duties assigned."

Distress levels decrease when people use shared experiences to guide their behavior, problem-solving, and decision-making. If expectations constantly shift without clarification, it robs them of a sense of confidence and conviction, as any decision could be questioned. Unclear expectations lead to irritation, anger, frustration, depression, despair, and even a decline in physical health. The mix of confusion and frustration leads to more mistakes, accidents, and lower performance. Shared expectations increase productivity and creativity, and decrease turnover and accidents (Clifton & Harter, 2020; Hoopes & Kelly, 2004; Wagner & Harter, 2006).



Hyper-Efficiency Sprints

The brain operates similarly to a muscle. Like a muscle, the brain requires rest and recovery to function at its best. The brain can only operate at its maximum effectiveness for 120 minutes at a time. Setting up a healthy and high-performing workplace challenges the organization to structure the workday around the 120-rule of hyper-efficiency.

When someone does not take a break, they fail to perform at their best and experience a crash in performance and productivity. This fatigue dramatically decreases creativity and cognitive flexibility and leads to more accidents, mistakes, and inefficiency. To maximize performance, people should strive to work two hours, take a 15-minute break, work another two hours, take a more extended lunch break, work two hours, take a 15-minute break, work two more hours, and end the day. For those working all-too-typical 9-, 10-, or even longer-hour days, extending this pattern of hyper-efficiency sprints helps maintain high performance while lowering distress throughout these longer days (Liu, Ikeda, Oyama, Wakisaka, & Takahashi, 2018; Schwartz, 2010).

Recent studies have shown that longer breaks, such as 60-minute lunch breaks, help lower allostatic load to pre-work levels, increasing performance the rest of the day. An effective break requires the person to change their energy for a period of time. So, if their work requires time at a computer, their break should be something other than checking social media or personal email. If their work is highly social, a quiet moment of solitude and some mindful breathing can help reset their energy (Goffeng et al., 2018; McClelland, Holland, Lomas, Redfern, & Plunkett, 2017).

The second component of hyper-efficiency sprints challenges people to maintain a type of focus that creates states that bring out their cognitive potential. The brain functions best

when focusing on one thing at a time and struggles dramatically when multi-tasking. Every time someone changes focus to another task; they activate different brain structures needed to succeed on the second task. This act of shifting attention takes a great deal of energy. Then when they move back to the original task, they use more energy to refocus. Studies show that interrupting a person's work increases allostatic load and lowers their cognitive ability by 10 IQ points, equal to the psychological and cognitive effects of missing a night's sleep (Madden & Savard, 1995; Rock, 2009).



On average, someone focuses on a task for only 11 minutes before getting interrupted by a distraction. It then takes the person 25 minutes to return to this task. Over a day, distractions eat up an average of 2.1 hours. Setting team rules and shared expectations about distractions will help everyone get on the same page. Set up ways for people to signal that they are in a hyper-efficient sprint and should not be disturbed, and discuss situations that truly qualify as urgent and justify disturbing someone. When appropriate, encourage employees to minimize sources of distraction during their focused activity times, including silencing phones, email, and message notifications.

Encourage employees to send noncritical questions and information via email without expecting an immediate response rather than instant messaging someone or physically coming into their space. Encourage employees to set up dedicated times to answer emails and messages and return phone calls (Hari, 2022). In a clinic setting, when immediate responses are often needed, consider designating rotating staff to be the person who responds to that day's unexpected needs, for example designating a "provider of the day" who may have a decreased schedule so that they can manage walk-ins, or a "nurse of the day" who responds to in-the-moment triage needs. Such a model minimizes interruptions to other staff and allows the burden of responding to immediate needs to be shared among staff over any given week.

Fit

Fit entails finding professionals with the skills, talents, and motivation to thrive within a job's shared expectations. Unfortunately, only 20 percent of people strongly stated that they like what they do each day (Clifton & Harter, 2021). Putting people in positions that engage their cognitive interests and ignite their passion creates resiliency against distress and burnout and improves performance. Getting people in the right positions increases engagement by 33 percent. As engagement increases, organizations start to see positive trends from fit including a 24 percent decrease in absences and turnover rates as low as 13 percent (Clifton & Harter, 2021).

While fit entails hiring, training, and retaining great people, it also means relocating or removing those who cannot meet shared expectations. One poor performer brings down the performance of their entire team. While removing people from their positions is difficult,

there are often win-win options if the leader is creative and treats people with dignity and respect. Here are some key things to consider when thinking about fit.

- Have an open and honest dialog about employee perceptions of their performance.
- Realize that the person might be suitable for the organization but wrong for their position. Just because they struggle in one place does not mean they will not thrive in another.
- Discuss what jobs outside the organization interest them and how the leader could support them in moving into a position where they can succeed.

A final word about the challenges of fit: fit does not excuse organizations from a focus on diversity. A diverse range of backgrounds, lived experiences, races, ethnicities, sexual orientations, gender identities, physical abilities, and neurological talents will increase the strength of the organization and its culture. People of diverse backgrounds and experiences bring unique skills, talents, and motivations to the job.

Recovery

Organizations often constantly fill people's allostatic load with distress without considering supporting the recovery necessary to maintain high performance. Let us return to allostatic load to understand the importance of disconnection and recovery. Again, ideally, someone begins the workday with a manageable level of allostatic load. As the day progresses, they accumulate additional distress as they work to meet the demands of the typical day. Most people leave the typical workday with a greater allostatic load than when they started their day.

Recovery entails two components. First, they stop adding additional work distress. Second, they apply wellness strategies to help their mind and bodies recover, lowering the allostatic load of the day. After a healthy meal, a long walk or jog, time with friends or family, mindfulness practice, and a good night's sleep, they recover and return the next day, ready to perform at their best.

Too many people's work habits never allow for adequate recovery. After leaving work, they might disconnect for an hour or two. Then they pull out their phone and start reconnecting with work emails, tasks, and other communications. People stop their recovery by connecting back to work, counteracting the positive effects of wellness strategies. They also add more distress to their allostatic load. It falls on the organization to stop these patterns or suffer the consequences of people without the mental, cognitive, and relational brainpower to provide high-quality services.



Setting specific expectations allows people to feel comfortable focusing on recovery. It also helps them understand when it is appropriate to work longer hours and which issues rise to the importance of staying connected to work communication beyond the typical workday. There are always exceptions in every job. Shared expectations will help people identify these exceptions.

Job Resources

The JD-R Model positions a very concrete goal for organizations regarding staff health, resilience, and performance: to avoid burnout, the organization must provide resources to help offset the distress inherent in job demands. If distress exceeds job resources, professionals will burn out and patient outcomes will suffer. Providing adequate resources will promote motivation and engagement and improve outcomes for those receiving services.

Supportive Supervision

Supervisors and the organizational culture they help create are wild cards in the JD-R Model. In many circumstances, ineffective supervisors create unhealthy psychological and social job demands. Instead of eliciting motivation and engagement, these supervisors become a tremendous source of distress and burnout. Those unfortunate enough to work for terrible leaders or dysfunctional teams know that the distress caused by their leader far eclipses all other sources of work distress.

A supportive and invested supervisor becomes a primary job resource in a high-performing organization. These supervisors help their people manage job demands while supporting them to excel. The professional's perspective of their supervisor as either primarily a job demand and a cause of distress or as a supportive job resource has tremendous consequences for outcomes for people being served.



In psychology, co-regulation describes how a trusted person helps others regulate their allostatic load. To effectively help co-regulate someone else takes time and strategic focus on building healthy relationships. Supportive supervision is a strategy to help co-regulate distress, prevent burnout, support professional development, and engage people in their work (Porges, 2009).

Supervisors must know how their people are doing. They must set aside time to meet with people individually to support their wellness and ensure they use job resources to regulate their allostatic load. A healthy relationship between supervisor and supervisees increases resiliency and engagement. Currently, many organizations fail to provide supervisors with the time and capacity to create relationships that help regulate

distress, support wellness, and assist people with reaching their potential (Bloom & Farragher, 2011).

Supportive Culture

Emotions are contagious. Adapting to the group's emotional state and accepted behaviors is the best way to incorporate oneself into a group. This innate ability is called emotional symmetry.

Emotional symmetry explains why emotional states and relationships are so crucial to a healthy and high-performing culture. Organizational or team culture comprises a set of beliefs, expectations, and values that guide behavior and decision-making. In many ways, culture is how it feels to be a part of a team or organization. It is not only the people in the culture who experience the collective emotional state. People receiving services and partners interacting with those in the culture will also feel it. Climate is how people experience individuals, teams, and the organization, including the physical space, services, and the organization's policies and procedures (Bennett & Bennett, 2019).

In healthy organizations, everyone must understand the impact of their emotional state on the mental health of teammates and their culture. A burned-out co-worker will spread their distress to others on their team. In the short term, co-workers can support and have compassion for someone having a tough day or week. However, the longer people and cultures get exposed to the emotions associated with burnout; the more likely the emotional distress of the struggling person will become a source of distress for others on the team.

Additionally, it is important to note that studies show that social exclusion can increase anxiety and depression (Christakis & Fowler, 2011; Moor, Crone, & van der Molen, 2010; Williamson, Thomas, Eisenberger, & Stanton, 2018). Thus, leaders working to create and sustain a supportive culture focused on wellbeing must also consider the needs of people from a variety of backgrounds, cultures, identities, abilities, neurodiversities, and preferences. Offering a diversity of opportunities and modalities for staff to connect and support one another can decrease social isolation.

Time Off

Paid time off, long weekends, and vacations are crucial job resources the organization provides to offset job demands. However, these resources need support to ensure people think about their recovery to promote resiliency and health. As mentioned above, time off supports recovery. Time off that maintains continued work-related communication is not truly recovery time and is likely to produce only minor benefits.

Organizations must establish a culture where using time off is celebrated. When people hit the guilt, shame, and doubt stage of burnout, their guilt will prevent them from utilizing time off for recovery. Many work cultures celebrate behaviors that lead to burnout while sending

negative messages to those who use their time off. Another challenge is the distress people experience when they start thinking of returning from vacation. The positive recovery benefits from time off quickly disappear when someone returns to thousands of emails and other tasks. With all the benefits of recovery, organizations should work to ensure coverage to minimize work piling up and provide a half or full day after vacation for people to get back on top of the work they miss.

Those who do not take regular vacations are twice as likely to have a heart attack, have a 20 to 35 percent higher risk of stroke, and have a higher risk of dying of any cause over nine years than those who take regular vacations. Plus, and hopefully, not surprisingly, at this point, burnout rates associated with poor outcomes are much higher for those not taking regular vacations. People who take regular vacations are half as likely to experience depression, have improved overall well-being, sleep better, become more productive, sustain higher levels of performance, possess greater cognitive flexibility, and become better problem-solvers (Castrillon, 2021; Rock, 2009; Schwartz, 2010).

Engagement

The JD-R Model shows that engagement results from a mix of eustress, motivation, and job resources. Schaufeli and Bakker (2004) define engagement as: *Positive, fulfilling, work-related state of mind characterized by vigor (i.e., high levels of energy and resiliency), dedication (experiencing a sense of significance, importance, pride, and challenge), and absorption (being fully concentrated and happily engrossed in one's work).*

The Gallup Q12 research helps organizations measure their success in engaging their people in ways proven to improve organizational outcomes. As of 2022, Gallup has studied over 100,000 teams and 2.7 million people worldwide. Gallup found that high-performing organizations have eight engaged people for every disengaged employee. Engagement led to declines of 81 percent in absenteeism, 64 percent in accidents, 43 percent in turnover, and 41 percent in quality defects. Engaged teams experienced a gain of 10 percent in customer loyalty and engagement, 14 percent in productivity, 23 percent in profitability, and 66 percent in people's well-being (Clifton & Harter, 2020; Wagner & Harter, 2006).



Individuals in high-performing teams and organizations answer affirmatively to the following twelve workplace elements known as the Gallup Q12:

- I know what is expected of me at work.
- I have the materials and equipment I need to do my work right.
- At work, I have the opportunity to do what I do best every day.

- In the last seven days, I have received recognition or praise for doing good work.
- My supervisor, or someone at work, seems to care about me as a person.
- There is someone at work who encourages my development.
- At work, my opinions seem to count.
- The mission or purpose of my company makes me feel my job is important.
- My associates or fellow employees are committed to doing quality work.
- I have a best friend at work.
- In the last six months, someone at work has talked to me about my progress.
- This last year, I have had opportunities at work to learn and grow. (Gallup, 2022)

We can connect many of these engagement markers with concepts in previous sections. The elements *I know what is expected of me at work* and, *I have the opportunity to do what I do best every day* speak to shared expectations and fit. Creating shared expectations and getting people in positions that match their passion and skills do not just help manage the distress from job demands, they promote engagement. The rest of this section focuses on the job resources and strategies that promote engagement and motivation by exploring the remaining Gallup Q12 elements.

Shared Values & Vision

The elements: *The mission or purpose of my company makes me feel my job is important* and *My associates or fellow employees are committed to doing quality work* connect engagement to the values and vision shared by staff throughout the organization. A shared vision is a destination. Shared values are how the organization reaches its vision. Motivation is the fuel for the journey.

Values are guiding principles that are timeless and require no external justification. Gallup found that only 27 percent of people strongly believe in their organization's values. Only 41 percent strongly agree that they know what their organization stands for and what differentiates their organization from competitors. Establishing shared values sets a standard for organizations to strive to live up to every day (Clifton & Harter, 2020).

Values should speak to the heart and soul of the organization and its culture. Earlier, we saw the destruction done when an organization or leader acts against shared values, violating moral safety. If unaddressed, moral distress – which occurs when one knows the ethically correct action to take but feels powerless to take that action – will result in moral injury. During the COVID-19 pandemic, health care workers faced situations that they may not have encountered previously, greatly increasing the likelihood of experiencing moral distress. Examples include:

- Limited visitation policies that prevent providers from involving families in care decisions;
- Isolation measures that resulted in patients dying without family physically present;

- Dire situations where patients were denied potentially lifesaving therapies due to shortages and triaged care (Altman, 2020)

While these examples are more from the hospital workforce perspective, health center staff also witnessed unprecedented circumstances that challenged their sense of “doing the right thing” during the pandemic. Additionally, as health centers already serve the most systemically marginalized and under resourced communities, their staff often observed injustices relating to health accessibility and the social determinants of health (SDOH) long before the COVID-19 pandemic.

Besides decreases in mental health, moral distress and injury decrease job satisfaction, commitment, and performance. It increases suffering, burnout, and turnover. Compared to organizations without shared values, those with shared values saw revenues increase four times. In addition to financial excellence, shared values also increase job creation by seven times. (Barnes, Hurley, & Taber, 2019; Kouzes & Posner, 2017).

A shared vision creates motivation by setting an ambitious and inspiring goal that challenges everyone to work together to achieve something great. Shared visions come to life when the organization's future direction connects to people's passions and values. People desperately want to be a part of something great. Sports fans pack stadiums hoping that this is the year their team wins the championship. Fans of the arts spend a lot of money to see a fantastic performance in person when they could easily save their money and listen to the same music or watch a recorded performance at home.

While a championship in sports is an apparent concrete goal, creating a shared vision requires establishing an equally tangible goal. The shared vision answers the question, "What can we be the best in the world at?" What is the organization's equivalent of the Super Bowl, World Cup, or Oscars? Engaging people around this question after establishing shared values and purpose challenges them to apply the organization's strengths to reach some future state.

Accountability

Accountability helps organizations, teams, and individuals align behaviors with their shared values and vision. Too many people fall into the Accountability Fallacy. According to Connors and Smith (2009), “the Accountability Fallacy captures a common mistake people make when they assume that others fail to follow through because there is something wrong with them.”

When leaders fall prey to the Accountability Fallacy, they not only assume that their people are flawed but that they themselves can do little or nothing to change those flaws except punish people for having them. Real accountability always requires us to begin by looking at ourselves for anything that might be missing.

In difficult situations, healthy accountability challenges people to put aside their frustration and view the person as a valuable human being who is more than just the sum of their current

behaviors. Confronting someone about their behaviors and shortcomings often makes the person defensive, making it more likely that the problem will occur again. Counterintuitive to many traditional approaches, behaviors rarely change when someone is confronted and lectured on why they are wrong. Instead, change occurs when that person understands the reasons behind certain behaviors and collaboratively works toward finding behaviors that better align with the values and vision (Bennett, 2017; Miller & Rollnick, 2012).

Those following the Accountability Fallacy believe that change would follow if the leader enacted the right mix of rewards and punishment. Research demonstrates that empathy and understanding are, in fact, better predictors of improved performance. Instead of punishing someone, try bringing the person into the problem-solving conversation to help them feel valued (Murphy, 2008).

Feeling Cared About as a Person

Gallup's work forced people to think about factoring relational health into an organization's bottom line and outcomes, specifically concerning the *My supervisor, or someone at work, seems to care about me as a person* and *I have a best friend at work* elements. Gallup found that relational health plays a crucial role in engagement.

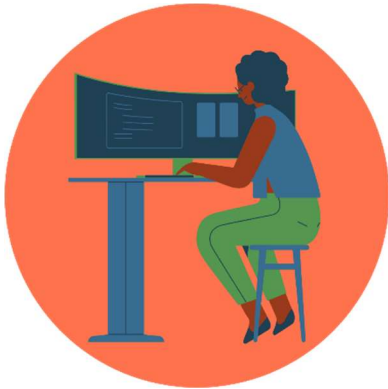


The study also found that answering positively to the element *My supervisor, or someone at work, seems to care about me as a person* is a significant metric for high-performing individuals and organizations. Unfortunately, only 38 percent of people felt like their leaders valued their well-being. Fifty percent of people felt that their well-being did not matter at all to their leaders, and only 10 percent felt like they were a vital asset to the organization. Turnover rates are up to 37 percent higher for people with a negative answer to the caring question. Additionally, those who felt cared about better understood the organization's goals, had increased trust, improved

collaboration with leaders and co-workers, and a solid commitment to the organization (Wagner & Harter, 2006).

While each leader's personality may manifest this strategy differently, all leaders need to view caring as a strategy that promotes engagement and improves outcomes. Nothing could clarify the leader's role in engagement more than Gallup's finding that 70 percent of the variance in team engagement is attributable to the leader (Clifton & Harter, 2020; Buckingham & Coffman, 1999; Schwartz, 2010).

Supporting Professional Development



Another way a leader demonstrates they care about their people is by supporting their professional development. Professional development serves as a wellness strategy to battle distress and burnout. If someone only focuses on surviving the distress of their job, a grueling day becomes all-encompassing. Someone focusing on their development is more likely to view a challenging situation as an opportunity to learn and grow. This shift in perception helps minimize the distress of hard days and weeks and turns some of the distress into eustress as the person learns and grows from the experience (Duckworth, 2016).

Professional development is a vital job resource that supports engagement. One of the aspects of job resources in the JD-R Model is the ability to make a difference, develop professionally, and accomplish meaningful goals. It also promotes engagement and addresses the Q12 elements of *There is someone at work who encourages my development*; *In the last six months, someone at work has talked to me about my progress*; and *This last year, I have had an opportunity at work to learn and grow*.

Resources

Remember, perception determines whether someone views a stressor as distress or eustress. Someone might start out excited about a new project or opportunity. They initially view the new challenges as positive and the eustress as a motivator. Whether the leader provides the right resources and support will determine if the stress associated with the challenge will continue to motivate or become a source of distress and burnout.

Providing the necessary resources for staff to meet challenges addresses the Q12 element *I have the materials and equipment I need to do my work right*. An inspiring shared vision and healthy organizational culture evoke a desire to achieve outstanding outcomes. When a lack of resources prevents the person from helping the organization or reaching personal goals, their motivation and passion quickly turn into frustration, moral distress, and burnout. Gallup's research shows that employee engagement, productivity, and safety all improve when people feel they have adequate resources. One of the more powerful findings on resources is their relationship with turnover. Leaders who provide the necessary materials and equipment to allow people to succeed may experience 20 to 40 percent decreases in turnover rates (Clifton & Harter, 2020).

Democracy

Professionals feel engaged when given power and control over their work. Leaders who empower people and involve them in critical decision-making engage them in the process and ensure their investment in implementing the decision. Democracy addresses the Q12 element: *At work, my opinions seem to count.* Democracy is more than just asking a group to make a decision. It involves making them trusted partners in the success of the initiative and organization. When leaders share power, accountability, creativity, productivity, job satisfaction, commitment, and overall well-being increase (Bloom & Farragher, 2011; Hamel & Bream, 2009).



Recognition

People thrive in positive environments. Studies demonstrate that those with similar skills who get 5.6 times more positive feedback than negative perform much higher on a range of activities than those with lower positive-to-negative ratios. Conversely, those who received 2.8 times more negative than positive feedback struggled the most. When comparing high-recognition organizational environments to low ones, high-recognition environments have an incredible 64 percent increase in engagement. A focus on recognition addresses the Q12 element: *In the last seven days, I have received recognition or praise for doing good work.* Besides engagement, there is also a 73 percent increase in morale, a 45 percent increase in loyalty, and a 39 percent increase in staff satisfaction. Why would staff leave work where they find enjoyment and satisfaction (Gostick & Elton, 2009; Wagner & Harter, 2006)?

Here are a couple of best practices for a formal recognition program:

- Recognize behaviors and outcomes and avoid recognizing someone's personality or talents, motivating others to adopt those behaviors.
- Align with shared values and vision.
- Make it timely. Recognition increases motivation when given soon after the specific behaviors.
- Make sure that significant recognition happens publicly.
- Let people recognize each other. When recognition becomes a cultural norm, people celebrate each other's accomplishments. (Gostick & Elton, 2009).

Additional Resources:

- [Job Demands & Resources Model Handout](#)
- [Job Demands & Resources Model: Heart Rate Variability Podcast](#)
- [Leadership & Stress: Heart Rate Variability Podcast](#)

- [Shared Leadership: Trauma-Informed Lens Podcast](#)
- [Trauma-Informed Supervision Part 1: Trauma-Informed Lens Podcast](#)
- [Trauma-Informed Supervision Part 2: Trauma-Informed Lens Podcast](#)
- [Role of Supervision: Trauma-Informed Lens Podcast](#)
- [Power of Values: Trauma-Informed Lens Podcast](#)
- [Healthy Vacations: The Heart Rate Variability Podcast](#)
- [Information on Gallup Survey](#)
- [Shared Vision & Values Resources](#)
- [Job Resources to Support Wellness Practices](#)
- [Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations](#)
- [Guidelines for a Vicarious Trauma-Informed Organization](#)
- [Challenges of Supervision in HCH: Helping Staff Succeed](#)
- [Framework for Improving Joy in Work](#)

Section 3: System Strategies for Resiliency, Engagement, & Performance

The previous section explored relational strategies to help professionals effectively manage distress and promote engagement. This section provides organizational strategies for leaders to consider when transforming into a more resilient workplace.

Technical Skills

Strategic Planning

Organizations that prioritize goals and objectives use their strategic plan to align people with outcomes, values, and the organization's vision. A strong strategic plan guides an organization's activities to best achieve its mission. Critical success factors include emerging trends in healthcare, clearly defined goals with realistic timelines, success metrics, workforce readiness, training and development, fiscal viability, community/partnerships, technology, and capital improvements.

Organizations committed to resilience can include goals such as:

1. Improve health of workforce
2. Reduce health care costs
3. Reduce absenteeism and presenteeism (the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition, even though the employee may be physically at work)
4. Improve company culture

A review or new strategic planning process can help the organization address the changing realities coming out of the COVID-19 pandemic. Organizations had to pivot during the pandemic, forcing them to stop or put a pause on other strategic initiatives. The workforce portion of a strategic plan should monitor and improve employee engagement and well-being scores. Using the JD-R Model, leaders should provide adequate resources to support recovery and the health of the organization and its people. These goals should be data-driven. Burnout, employee engagement, and well-being surveys provide objective information about the current condition of the organization and the success of strategic planning efforts.

Examples of objectives to improve employee health and wellbeing include:

1. Assist 10 employees with smoking cessation within six months of the start of the program.
2. Reduce sick days taken by five per month by a set date.
3. Obtain 25 percent utilization of wellness program by end of fiscal year (Neopath Health, 2019).

Project Management

This toolkit provides a range of individual, leadership, and organizational strategies to improve health and performance. Coming up with a plan is step one. The next challenge is developing a project management approach that ensures a successful implementation.

The Project Management Institute (PMI) defines project management as using specific knowledge, skills, tools, and techniques to deliver something of value to people. Meaningful and purposeful work is a driver of employee engagement. The use of project management principles helps set up the rollout of new initiatives for success. Again, the absence of clear expectations decreases staff morale. Once the strategic plan is finalized, the project management process provides the roadmap.

The phases of project management are:

1. **Initiating:** The project is authorized, funded, and defined. This phase occurs on the organizational level (i.e. above the project). The organization defines a business need the project is meant to satisfy.
2. **Planning:** The project manager develops a [project management plan](#), which defines how the project will be carried out, who will do the work, how long it will take, and so forth. The project management plan must be approved by the project sponsor to become official, and changes must be re-approved according to the change management processes described therein.
3. **Execution:** The project team gets to work producing the project's [deliverables](#).
4. **Monitoring & Controlling:** The project manager ensures that the work is carried out according to the plan, and tracks deviations using [earned value analysis](#) for

schedule and cost, as well as monitoring the scope, communications, vendors, and any other item necessary to ensure the project goes according to plan.

5. **Closing:** The project must be officially closed, final details determined, and staff released.

After the closing phase, staff can connect to discuss the experience. Feedback and lessons learned are captured to improve future efforts.

Change Management

Change management is a systemic approach to transformation. Healthcare professionals have no shortage of ideas to improve the patient and employee experience. However, there may be a shortage of time to execute due to conflicting priorities, skillset gaps, and workforce challenges. Professionals use several change management models.



One widely used model is Kotter's Eight-Step Process for Leading change created by Dr. John Kotter:

1. **Create Urgency:** Educate people on the importance of changing existing behaviors or operations. Focus on both the risks of not changing and the benefit of making the change.
2. **Form a Guiding Coalition:** Create a team with key stakeholders to drive this change forward. Prioritize finding multidisciplinary teams in other departments for differed points of view.
3. **Create a Vision:** Make a vision statement and strategic initiatives to guide the coalition. A vision allows for accountability in decision-making and creates commitment to shaping and improving the team culture.
4. **Rally & Communicate:** Balancing support for and opposition to the goal, bringing people together around this shared vision but allowing for anger, resistance, and debate. Model this behavior and show openness to feedback and error.
5. **Remove Barriers & Empower:** Get rid of obstacles (organizational or otherwise) to the changes that the team identifies. Share information as it arises, encourage risk-taking and work cross-functionally to help the team and organization move forward.
6. **Execute & Celebrate Short-Term Wins:** Have an easily achievable objective in mind that you can tout as proof of the goal's efficacy. Celebrations also help to reward team member contributions and build momentum for future action items.

7. **Do Not Let Up:** As the team moves forward with recommendations, make necessary institutional changes including hiring, promoting, implementing tools or training, establishing new projects, and other systemic improvements.
8. **Further Cultural & Institutional Change:** Make the team's recommendations part of the organization's operations. Forming new habits and unlearning the old ones can involve training and a new reward system for workers. Monitor efficacy and find ways to improve.

Change management does not start and end with organizational leaders. The process of transformation requires a collaborative approach. Once the need for change is expressed and a clear vision formed, the team will buy in and better manage the stress of change. (Leadership Strategies for Evolving Health Care Executives, 2021).

People Skills

Communication

Communication connects humans. Communication allows team members to share, learn, and teach important information. Ineffective communication is one of the leading causes of misunderstanding and missed information in the workplace. A culture of effective communication requires intentionality, training, and execution at all levels, including with external stakeholders such as patients and community partners.

Leaders' and team members' ability to effectively communicate impacts project management and the management of people. The art of communication determines the success or failure of personal and professional relationships. Organizational success depends on each team member's ability to:

1. Understand their communication style ([Quiz: What's Your Communication Style](#));
2. Adjust their communication style to deliver a clear, concise, and direct message;
3. Maintain high Emotional Intelligence (EQ) when engaging with others (Emotional Intelligence (EQ) is the ability to understand, use, and manage one's emotions in a positive way to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict [(helpguide.org, 2022)])
4. Create an environment that fosters psychological safety (psychological safety is defined as the belief that one can speak up and/or make mistakes without risk of punishment or humiliation [Delizonna, 2017]); and
5. Communicate in written and oral forms.

In addition, the diversity of today's workforce requires flexibility and equity in communication. A leader's ability to adjust their style in each setting impacts success. A study

conducted by Dynamic Signal reported 80 percent of the US workforce feeling stress because of ineffective company communication (New York Post, 2019).

Team Building



Team building helps a workgroup operate cohesively. Helen Keller said it best, "Alone we can do so little. Together we can do so much." Team-building goes beyond annual retreats – it should be an intentional initiative hardwired in an organization's culture. When a team feels connected, they experience increased engagement and trust.

A united team supports each other and feels safe. As mentioned in the section on [Supportive Culture](#), relationships are crucial to a high-performing organization. Encourage cross-departmental work to promote inclusion and shared values. Create an aim (vision) and a plan (strategy) to strengthen the teams in your organization. Questions to consider are:

1. What does a highly engaged team look like for your organization?
2. What metric can you use to measure success?
3. What is the reward for achieving success?

Resources for Team-Building Activities:

- [Creating Great Teams: Destroying Bad Meetings](#)
- [Team-building Activities for Healthcare Professionals](#)
- [Building Team Bonds](#)
- [27 Team-Building Activities Your Co-workers Won't Hate](#)

Performance Feedback

A leader's ability to provide productive feedback will impact the feeling of psychological safety and engagement of team members. Feedback is provided in positive and negative situations to improve performance. When providing feedback, it is more than just the words spoken. In-person communication is 7 percent spoken word, 38 percent tone, and 55 percent body language (Albert Mehrabian's 7-38-55 Rule). Stress can manifest outwardly and cause a negative experience for team members. The more leaders manage their stress, recover and practice emotional intelligence, the better positioned they are to have constructive conversations with team members.

Leadership, Adaptability, Empathy, & Emotional Intelligence

Change is not always easy or desired. It is, however, a constant in the workplace. Resiliency helps individuals to embrace change and recover quickly. Adaptability is the ability to adjust to new conditions. These areas intersect when communicating, leading, and training staff members. As organizations create and grow training and development programs, it is crucial to incorporate these behavioral skills with the technical.

There is a lot of pressure on health care organizations to cut costs, reduce medical errors, and adopt both standardized processes and innovations. Providers are constantly being asked to give up established and comfortable ways of working (Harvard Business Review, Change Management).

Leaders can support change processes by adopting the principles listed in the previous Change Management section. Leveraging the support and expertise of the HR Department is a strategic approach to improving communication and implementation of organizational changes. The HR Department, in partnership with leadership, can assist with:

- Providing initial employee communications about changes.
- Developing training programs.
- Preparing informational documents.
- Assessing readiness before the change.
- Analyzing potential impact.
- Evaluating post-implementation

More than two years into the COVID-19 pandemic, the workplace operates very differently than it did before the pandemic. Facing the stress of isolation, fears of the virus, and an overwhelming news cycle, many leaders realized the need to address mental health concerns among their staff.

The results of the American Psychological Association's (APA) 2022 Work and Well-being Survey reveal that seven in 10 workers (71 percent) believe their employer is more concerned about the mental health of employees now than in the past. This new focus is highly valued by employees. In fact, 81 percent of individuals said they will look for workplaces that support mental health when they seek future job opportunities (American Psychological Association, 2022).

These data show how leaders of today are embracing the new norm and providing relevant resources for the people in their organizations.

Additional Resources:

- [How to Manage Change](#)
- [How to Avoid Common Mistakes in Change Management](#)
- [How to Deal with Resistance to Change](#)

Coaching and Mentoring

An often unspoken role of leaders is coaching and mentorship of their team. Today's leaders take on the role of coach in their day-to-day activities. Coaching focuses on the now – how the employee is currently performing – rather than on the future. Coaching allows for real-time course correction and guidance. Mentoring is a formal relationship to grow and develop your people by providing training.

The Medical Group Management Association's (MGMA) most recent [MGMA Stat](#) poll (conducted March 20, 2021 with 867 responses) asked healthcare leaders, "Does your organization provide leadership coaching/mentoring to clinicians?" Respondents replied with 45 percent in the affirmative and 55 percent in the negative.

For those healthcare leaders who answered "yes," responses included:

- "We have a full-time physician coach on staff."
- "We have a formal clinician leadership 12-month program with nationally recognized thought leaders for our formal medical director and clinician governance roles. We also use outside executive coaching services for 1-1 support for issues that rise to level of HR concern."
- "We have a coach who provides monthly structure, a solid training program through our local hospital and willing participants."

Training and Development Resources

A systemic approach to creating a resilient organization is a well-designed training and development program. The following are recommended trainings from the Society of Human Resources (SHRM), the Health Resources and Services Administration (HRSA), the National Association of Community Health Centers (NACHC), and the Academy to Innovate HR (AIHR) to improve the hard and soft skills of your people:

- [Change Management](#) (SHRM)
- [Coaching and Mentoring](#) (SHRM)
- [Communication Training](#) (SHRM)
- [Compliance](#) (HRSA)
- [Decision Making](#) (SHRM)
- [Financial Management](#) (NACHC)

- [Managing Talent](#) (SHRM)
- [Managing Up](#) (SHRM)
- [Measurement and Metrics](#) (AIHR)
- [Performance Management](#) (SHRM)
- [Project Management](#) (SHRM)
- [Risk Management](#) (SHRM)

Employee development is a strategic tool for your organization's success. Opportunities for continuous growth can boost motivation and help retain your best people, even in times of stress.

Additional Resources:

- [Best Practices for Adapting to the Remote and Hybrid Workforce in Team-Based Care](#) (STAR² Center & HITEQ Center)
- [Building an Inclusive Organization Toolkit](#) (STAR² Center, AAPCHO, NHCHC)
- [Building Resilience for Front Line Providers: What Does “Self-Care” Really Look Like?](#) (NHCHC)
- [Clinicians Wellbeing Bundle](#) (STAR² Center)
- [Core Competencies Curriculum](#) (NHCHC)
- [The Emotional Toll of Caring for Others: A Factsheet on Supporting Staff Mental Health Through Compensation Equity and Inclusive Benefits](#) (STAR² Center)
- [Provider Burnout Resources](#) (NHCHC)
- [Self-Care for the Health Center Workforce](#) (STAR² Center)
- [STAR² Center Talks Workforce Success Podcast: Employee Self-Care Series](#) (STAR² Center)
- [Trauma-Informed Organizations Change Package](#) (NHCHC)
- [Upcoming Trainings](#) (STAR² Center)
- [Workforce Self-Care Resources](#) (STAR² Center)

Conclusion

In the face of unprecedented turnover, burnout, compassion fatigue, and moral distress and injury, it is important to remember that there are paths forward for organizations and their leaders. While self-care remains important, it is imperative that organizations create supportive environments with trauma-informed management to help their staff be able to care for themselves in the best way possible. By focusing on resiliency and wellbeing, organizations can set goals to guide their strategic initiatives to increase these in their workforces.

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