The Resilient Leader: Mind, Body and Soul

By John M. Buell

When Robert Laskowski, MD, president and CEO of Christiana Care Health System, Wilmington, Del., and an ACHE Member, speaks to new employees as part of their orientation, he talks about the organization’s mission, commonly referred to as the Christiana Care Way. It is a framework, a compass if you will, that gets employees and the institution on the right path—the way—and keeps them there: “We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.”

This structure, Laskowski believes, contributes a great deal not only to the healthcare system’s resilience but also to his as a leader.

“I think resilience is a quality not only needed for healthcare professionals but a good quality for everyone to work on,” says Laskowski.

Addressing Stressors

While resilience has always been part of a successful organization and leader’s makeup, today’s healthcare requires resiliency now more than ever. Whenever healthcare leaders discuss the field, they often say how complex it is compared to other industries. This complexity often involves high levels of stress throughout the organization, from the CEO to managers. Added to it is the amount of stress the nation’s healthcare system is under these days—health reform, decreasing reimbursements and the like—and leaders see the need for a resilient workplace that can quickly adapt to change.

“We need to be honest about the challenges in healthcare today,” says Robert J. Wicks, PsyD, professor emeritus, Loyola University Maryland. “We need to not deny the pressures and stresses that we are experiencing in our life personally. That is the first piece of what makes a resilient organization and leader: facing the issues directly.”

Wicks makes the following analogy to underscore his point: Physicians and nurses wash their hands before and after they see patients so they don’t contaminate themselves; it’s the same with stress. “We can get contaminated by stress, and we need to decontaminate ourselves so we don’t contaminate others,” he says.

To do that, Wicks suggests healthcare professionals be aware of the contagious nature of stress among colleagues. “When we are near people who are stressed, we assume it doesn’t affect us. It is similar to working closely with others who may be ill in which you run the danger of...
catching a cold. But you also run the danger of catching their sense of despair and helplessness and focusing on the negative aspects of healthcare. You need to look at realities and what you do about realities. Realities are hard, but I don't understand how that helps to have that kind of negativity. There’s a difference between venting with colleagues and fanning negativity that leads to helplessness.”

In addition, with the tremendous changes in healthcare at the federal level that are filtering down to healthcare providers, “there’s a sense that there’s a new way of working around here,” and employees, who typically resist change, are becoming anxious about it, says Cynthia Kivland, president, Smart2Smarter, Prairie Grove, Ill., which provides coaching, training and assessments certification, and offers a workshop on resilient leadership.

Traditionally, organizations and leaders recognize change as a single event, whether it be a new procedure or new law but don’t account for the emotional impact it may have. “Resilience has to do with emotional adaptability to the change and the social connections that are critical to move the change forward,” says Kivland. For example, physicians’ identity with the hospital and health system is concept of servant leadership, which falls in line with ACHE’s motto “for leaders who care,” which has served him well in being a resilient leader.

“The complexities of life can be difficult for our employees; they are doing hard and important things for patients,” says Laskowski. “And if you get lost in this that can be really tough on the professional.”

To be resilient despite these stress factors, Wicks says to ensure you are aware of what he calls over involvement. “We are pulled in many directions with expectations of others. When you sleep next to the cemetery you can cry for everyone who dies. In healthcare today, I don’t worry our leaders aren’t caring enough; they care too much. They need to lean back and renew and re-enter.”

The Resilient Organization and Leader

There are many definitions of what is a resilient organization and leader. Kivland defines resilience as using the intelligence of your emotions to adapt, reinvent and renew. “It’s not how you initially choose to respond to a change event but how you manage the intelligence of your emotions to navigate the transition,” she says.

Many of us often focus on the bad that happens throughout the day because that is how the brain works, explains Kivland. Then we tend to resist change. “We resist for fear of the unknown. But what we know is resilient organizations talk about possibilities of the future instead of the problems of the change. They use a ‘possibility language’ instead of a ‘problem language,’” she says. “These resilient leaders say, ‘What is the joy that we can find in this moment? What is the best that happened to me this week?’ They also ask themselves, ‘Did I laugh out loud today?’ Or, ‘What happened this week that caused someone else to smile?’”

Wicks, who presented at the 2013 Congress on Healthcare Leadership “Proven Approaches for Healthcare Executives to Expand Their Resiliency
Building Your Reserves

An interesting aspect of developing into a resilient leader and organization is what Cynthia Kivland, president, Smart2Smarter, Prairie Grove, Ill., refers to as building up resilience reserves. Having resilience reserves frees up space mentally, physically and spiritually so you can focus on what really matters. “Building reserves is the act of saving up for a rainy day in multiple aspects of your life to be able to move through change,” says Kivland.

What are the reserves we need to be aware of? According to Kivland, there are five. The first is life expectations for success and significance. “Individuals know the job and performance markers and are aware of expectations. They are perceptive and exhibit insightful understanding of people and situations.” The second reserve is to have a meaningful level of participation. “Do they know their seat on the bus and how their roles contribute so they feel they are making a meaningful contribution?” The third reserve is clear and consistent boundaries. “Knowing what to say yes to and no to, protecting time, setting up emotional boundaries.” The fourth is life skills. “When they have clear career goals, it’s easier to know if they can continue in this direction, help those that they lead and be aligned with what’s in the present and moving toward the future.”

But the most important reserve is self-care, as mentioned earlier: A great deal of energy is required when taking care of others, but to be resilient leaders need to take care of themselves. “Don’t forget to laugh,” says Kivland.

Being Resilient

So how does one go about becoming resilient? It obviously doesn’t happen overnight, but it can begin simply with finding time to think; that personal time to process your thoughts is often difficult to squeeze into a busy schedule. “One of things I encourage people to do is find crumbs of alone time in their day and look for places where they can have some kind of silence and solitude for reflection so they can process things,” says Wicks.

“Because with the right perspective, it’s not the amount of darkness in the healthcare system or in our family or ourselves that matters; it’s how we stand in that darkness. And that requires patience, perseverance and courage if we are going to be a leader, which requires a period of debriefing.”

Wicks goes on to say, “And when we debrief, we need to make sure we don’t go down three blind alleys: the first is arrogance, where we blame others for their incompetence. You may be correct in your blame, but it won’t help because if you give away blame you give away any chance to have an impact on others. The second blind alley is...
ignorance. This is where we condemn ourselves. It’s easy to do because you are constantly in this high-intense work, and what people don’t realize is, statistically, the more you’re involved the more you fail. But condemning yourself is wasted energy. The third blind alley is discouragement. We often view life in healthcare as acute: There is a problem and we solve it and move on. But healthcare is chronic. There is always going to be issues; it doesn’t help to get discouraged.”

Instead of going down a blind alley, Wicks recommends getting involved in what he calls the spirit of intrigue. This is where you explore the process of the reality you are facing and not necessarily solve an immediate problem. You identify the elements to the reality and what can be accomplished and what can’t. “This opens up the right side of the brain in terms of creative thinking, and our normal problem-solving skills don’t kick in because there’s nowhere for them to go,” he says.

By accepting the importance of scheduling time for reflection, along with patience, perseverance, courage and developing a process of debriefing, healthcare leaders can begin to see a more balanced picture of themselves and their organization.

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Loyola University Maryland

Self-Awareness
A major aspect of achieving resilience is possessing the ability to recover from a bad decision, says Jody R. Rogers, PhD, FACHE, visiting professor at Trinity University, San Antonio. This characteristic of resiliency can be achieved by knowing yourself, using emotional intelligence tools such as self-assessments. “The more you know your strengths and weaknesses, the better able you are to know when you need help. Going through the process of knowing yourself, you also develop mechanisms or coping tools that allow you to realize that whatever you are experiencing isn’t the end of the world and that you can recover. You may have failed in what you were trying to do, but you aren’t a failure. You can continue.”

Trying to motivate executives to know themselves is difficult, says Rogers. Many are afraid or lack courage to take the proverbial long view in the mirror to examine their weaknesses. “But until you look at your weaknesses, the only way to grow is to get that feedback. You can be successful without having an awareness about yourself, but not at the level the organization needs you to be. If you want to thrive and make a difference as a leader, and one who is resilient, the organization needs extraordinary leadership, which requires you to know yourself better.”

When COL Patricia Darnauer, FACHE, commander, Carl R. Darnall Army Medical Center, Fort Hood, Texas, was set to take a 360-degree assessment as part of the U.S. Army’s pre-command course for new commanders,
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she initially had low expectations “for yet another 360-degree evaluation.” But this particular assessment was a more focused tool than she anticipated. She selected individuals to evaluate her who she thought would provide honest, informed insight into her leadership abilities. The input proved invaluable, as Darnauer plans to use it during an important and stressful project she will lead: the construction of a new hospital. With it comes high expectations for success.

“Leaders often talk about change among themselves way before employees know about it, so there is this reality gap or readiness gap,” says Kivland. “So when they communicate what the change is, [senior staff] are already halfway to the change destination and employees are just getting on board. It’s important for leaders to recognize there will be lag time for people to catch up with and gain buy-in.”

Adds Rogers: “CEOs in particular have to be resilient; they do this by not sugar coating problems. They model the way and explain what the reality is and that a plan is in place and the problem will be solved. If the leader panics and loses his or her emotions, then everyone will panic, and nothing good comes from that.”

George V. Masi, FACHE, president and CEO of Harris Health System, Houston, says resilient leaders frame the reality. This means leaders must explain to the organization what is occurring, right now. If leaders do this, “people will do extraordinary things if they understand the reality of the present,” he says. “It means sharing with the team where you are at the beginning of the game, at halftime and the fourth quarter. Once you do that, you are more apt to develop a focused strategy to the next level. If your message resonates, your team is more apt to follow.”

Taking a self-assessment or a 360-degree assessment are key tools to help identify your strengths and weaknesses to help ground you in reality. Also, peer-to-peer mentoring is a powerful part of resilience training because it means you know when to seek help and that things have

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to change. “Having someone you can sit down with to get another perspective is important,” says Rogers.

Physical and Spiritual Awareness

Being resilient is often viewed as being strong mentally, but leaders often overlook the physical and spiritual components. “It’s important for leaders to maintain themselves in good physical health,” says Rogers, a former U.S. Army officer who spent more than 20 years in the service, retiring as a lieutenant colonel, serving in various health-care leadership positions. “That helps to recover a lot faster and quicker from adversity.”

Being physically fit is one of the five resilience reserves (highlighted in sidebar on page 14) Kivland espouses. These reserves free up space mentally, physically and spiritually to help leaders focus on what really matters.

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There is a lot of energy in taking care of others,” she says. “But to be resilient you need to take care of yourself. And as a leader you need to ensure your staff is taking care of themselves.” This can be done, she says, by making sure vacations are taken and establishing an organizational culture that promotes exercising.

Masi, who as a colonel in the U.S. Army and now as CEO of a hospital, has led many individuals, teams and organizations, says the give-versus-take ratio in leadership is pronounced. “The higher up one ascends as a leader, the more you are giving of yourself, which can take an emotional, physical and spiritual toll. To be resilient you have to be physically and spiritually sound because this is a ‘contact sport.’ The decisions you make as a leader have ripple effects throughout the organization. It’s not an excuse to say, ‘I’m not at the top of my game.’”

The spiritual element of being fit includes spending at least five to 10 minutes each day reading biographies of people who model maturity, generosity and vision. Adds Wicks, “Such reading is not a nicety; it is a source of mentoring from afar by those we admire. Spiritual fitness also depends upon having a circle of friends who challenge, support, tease and inspire us; spiritual fitness is not strengthened in a vacuum but within a healthy community.”

Back to the Mission

Whenever he finds himself in need of strengthening his resilience, Laskowski refers back to the organization’s mission statement. “The Christiana Care Way is a promise to the community that we are always here to serve them. And staff members do this by helping each other, being partners with each other. That’s why we have it posted in every patient room.”

John M. Buell is a writer with Healthcare Executive.