



LeaderBriefing

Leadership in the Time of Coronavirus

COVID-19 has challenged the healthcare system like never before. Now, the hard work really begins: reengaging an exhausted workforce.

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Early in the COVID-19 crisis, leaders understandably focused on day-to-day survival. Health care organizations got very good at running fast, making decisions on the fly, and improvising like never before to deal with the unprecedented challenges being thrown at them.

Key Takeaways

- Human capital challenges – recruitment, onboarding, engagement, and retention – have never been more daunting for health care organizations.
- Leaders in the middle of the organization significantly influence the engagement and resilience of frontline professionals.
- Better engagement and support for frontline staff starts with better development and support for the frontline leaders they report to.
- Social capital – defined as the personal relationships within an organization that nurture trust and respect – helps build resilience and reduce burnout.

Today, the challenge is one of recovery. Not from the pandemic, per se, but rather from the devastating impact the *response to the pandemic* has had on the healthcare workforce.

Organizational recovery won't simply happen when COVID numbers trend down. Expecting everyone to spontaneously get back to "normal" is unrealistic, especially when human capital challenges – expensive recruitment, onboarding, turnover and staff shortages—are escalating.

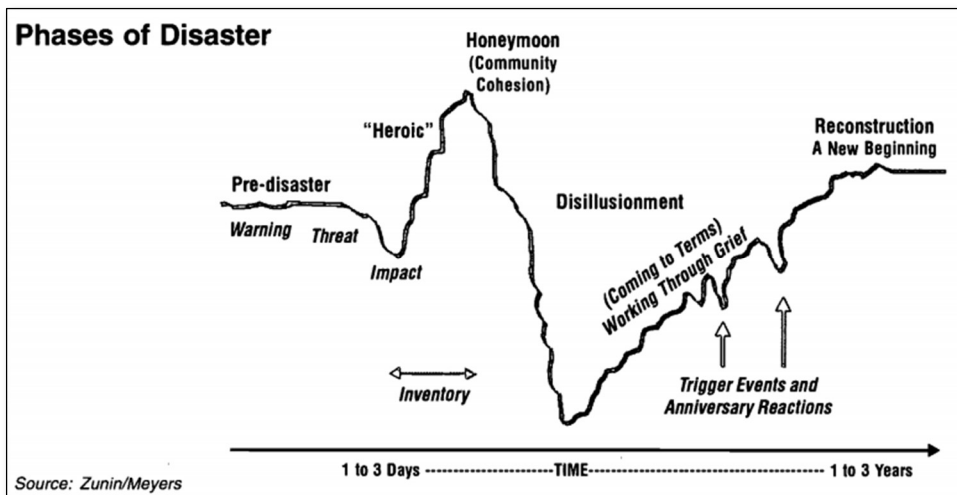
For the workforce to effectively recover, leaders must have a thoughtful, intentional plan to address the trauma and increasing burnout wrought by the pandemic. This plan must focus both on the needs of frontline staff as well as leadership at all levels of the organization who support them.

This **LeaderBriefing** grew out of our eight-part blog series, "Leadership in the Time of Coronavirus," which took a fresh look at Stamp & Chase's **T.E.A.M. Leadership Framework** through a COVID-19 lens. The good news is clear: research shows that burnout can be reduced if we focus on the right organizational culture issues and leadership practices. This critical work must begin by developing and supporting frontline leaders so that they can better advocate for and mentor the individuals who work for them.



What will *organizational* recovery look like?

Some of the most enlightening research we've found regarding recovery from crisis comes from an agency that knows disasters and recovery better than anyone: the Federal Emergency Management Agency (FEMA). In studies conducted in collaboration with the Center for Mental Health Services over 20 years ago, researchers found that survivors' response to disaster and recovery typically follows a common path, which starts with an increase in engagement and collective adrenaline to deal with the crisis. Soon, that "heroic" period peaks and is followed by an engagement crash of disillusionment, grief, and mental and physical exhaustion.



How well does this graphic from that research describe the roller coaster ride that our teams in health care have been on? This study certainly aligns with what we've seen in our work with provider organizations: health care is quick to respond – but often slow to recover emotionally.

Research and our experience working with health care teams tells us that if we want to better support frontline staff, we first have to better support and develop their direct supervisors. Understanding the emotional journey that frontline leaders are on is Step 1.

Among the many responsibilities of a frontline manager, the leadership practices that help the team effectively function as a well-aligned, working unit are critically important. Understanding both the dynamics of the team as well as its individual members is essential to nurturing the teamwork that improves engagement, quality, safety, and patient/customer experience.

Especially during challenging, uncertain times, a frontline manager serves as a sort of Sherpa for the team, reassuring and showing them the way through rugged terrain and turbulent waters. To do that effectively, they have to feel energized and well-prepared to improve the engagement and performance of the team.

Middle managers can and should, of course, draw guidance and encouragement from senior management and other support departments such as human resources. But too often, the manager fails to draw strength from another very close, arguably more powerful source: the team itself.



Applying the T.E.A.M. Leadership Framework to reengage leaders and their teams

Each component of the **T.E.A.M. Leadership Framework** – *Teach, Empower, Align* and *Mentor* – plays a different but interrelated role in developing the skills and practices that can transform workplace climate and better support staff. The remainder of this LeaderBriefing is focused on examining each aspect of the model through a COVID-19 lens and the specific problems healthcare work teams are experiencing today.



Teach

The **Teach** module recognizes that a great leader is a great teacher, leading in a way that helps the entire team learn from her, from one another, and from the customer/patients they serve.

Huddle/Stand-Up solves problems real-time and keeps teams connected

Every day on every shift, the **team huddle** helps staff learn from and support one another. With problems and issues changing so rapidly during the pandemic, an effective team huddle helps each staff member feel better prepared to deal with the challenges that day's work may throw at them.

If you are managing a team virtually, a quick huddle via Zoom or Teams is even more important. Even if team members have what they think they need to be individually successful, priorities constantly change within the team. Solutions developed by a team are inevitably more effective — and more enthusiastically

embraced. Beyond team problem-solving, people need the human connection across their team to stay motivated, energized and inspired.

Following are five tips to make huddles more productive and beneficial for your team, whether during the pandemic or in organizational recovery.

Short and Sweet

One of the most common ways for huddles to go haywire is for them to become mini staff meetings. By limiting the huddle to 5-10 minutes, teams keep the conversation focused, the energy level high, and impatience to a minimum.

Stand Up!

In many industries, the huddle is often called the “Stand Up” meeting. And perhaps that name is more appropriate since it describes one of the key characteristics of success. When everyone stays standing, it clearly signals that the meeting will be brief and communicates a higher sense of urgency.

One Day at a Time

Effective huddles anticipate immediate roadblocks or challenges and problem-solve around them. Longer term issues, of course, need to be dealt with by leadership and the team, but the huddle is the wrong place to get into extended, more complex discussions.

Dialogue, not Monolog

The best huddles encourage input from all members of the team. One of my favorite success stories from team huddles comes from a department director who said she often came to the team ready to solve a particular staffing or looming process issue, only to be told, “The village has it handled!” You know the huddle philosophy is working when frontline team members form their own stand-up meeting to tackle an issue. That kind of cooperative, empowered problem-solving by frontline staff only happens when all staff are encouraged to contribute.

End on a High Note

Just like an inspiring coach, great leaders wrap up huddles and send their teams back on the field with a message of confidence, trust, and appreciation. This gratitude and faith in the team has never been more important than it is right now, as staff members’ resilience and resolve are wearing thin due to the enormous stress inflicted by the pandemic.

Staff meetings provide a vital venue for team discussion during COVID recovery

“Are you crazy?!”

That’s the reaction I might get from some leaders when insisting that staff meetings are more important now than ever. Yes, staff meetings take some

thought and time to be effective. But team meetings are the only place where staff have a chance to have a focused conversation with their colleagues. That is, when we stop talking and let them be heard.

With most meetings going virtual, today it is easier for staff to attend meetings from home, which eliminates one of the biggest obstacles to attendance for a 24/7 team. The flexibility that a virtual meeting provides for staff who work 12-hour shifts is something we should consider maintaining even after it is safe to meet in person again.

Maybe we should call them Team Forums

Meetings get a bad rap in many companies, especially health care. And sometimes, they deserve their reputation. When meetings are poorly planned and serve primarily as an information dump, they can be boring and frustrating.



A great team meeting should be a **forum** for both receiving information and sharing ideas. During the pandemic, it should also be a forum for therapeutic venting.

During stressful, emotionally draining times, employees need a place to safely vent. If organizations don't provide it, the frustration often worsens and goes underground.

I still remember well one of the most uncomfortable but ultimately beneficial staff meetings I ever

attended. At Phoenix Children's Hospital where I was CEO at the time, we had a 92-bed neonatal intensive care unit that was one of the most inspiring – yet stressful – patient care units I've ever been in. The staff was going through an especially tough time with high volume, increased acuity, and open positions.

During a unit staff meeting I volunteered to attend, several nurses broke down in tears. I struggled with how to respond, not wanting to minimize their pain or overpromise with naïve, simplistic solutions.

I stayed after the meeting to debrief with NICU Director Laurie Vasquez, who was one of the best clinical leaders I've ever worked with. My immediate reaction was to apologize for asking to attend, fearing that my presence had worsened rather than helped the problem. "No, I'm glad you were here," Laurie reassured. "You listened and that's all you could do. We're working on these problems. Let's give this a little time and see what happens."

I left skeptical.

A couple of weeks later, I was rounding in the NICU and one of the nurses pulled me aside. First, she offered an apology for getting emotional in the meeting. (I

assured her that she had nothing to apologize for.) More importantly, she said the team was working on the problems I heard about in the staff meeting and that things were getting better.

In some small way, I believe that difficult staff meeting was a turning point. And that's exactly what an effective staff meeting should be.

During the stress of the pandemic, staff meetings may be uncomfortable. But because team members need to be heard and to connect with one another, there has never been a time when they've been more important.

Purposeful rounding? Or rounding with a higher purpose?

Has there ever been a single management practice that has promised to solve more problems than rounding? Especially in the realm of patient experience improvement, leadership teams often turn to various interpretations of rounding as the silver bullet to turn around lagging CAHPS scores. More often than not, they are disappointed.

So, is leadership rounding an ineffective strategy? Hardly. But like so many management principles, the magic is in the *why* and *how* we implement the practice.



Coming out of the pandemic, leadership visibility and support takes on an even greater meaning and purpose. With the anxiety staff have experienced during the pandemic, it is even more crucial to send the message (directly and indirectly) that you really do see and understand what they are going through.

Rounding has been tagged with many different monikers, including LEAN's "Gemba Walk" and Hewlett and Packard's

"management by walking around." But more important than what we call the practice, all successful leadership rounding approaches have one thing in common: they are about effectively connecting with frontline staff and customers, and learning from those conversations.

"Check in on staff, not up on staff"

Credit for this wonderful philosophy – and the clever phrase that captures its essence – goes to my friend Lanie Ward, past chief nursing officer at Summa Health. Lanie understood that the real power in senior leadership rounding with

staff was in making meaningful connections with employees, not in evaluating their performance.

When senior leaders force rounding to be too “purposeful” and come armed with checklists of scripted questions, we usually hear a troubling reaction from frontline staff: “It feels like they’re only here because they don’t trust us.” Ouch. Obviously, that’s not the impact we want increased leadership visibility to achieve, especially during organizational recovery from the pandemic.

“How are you doing?” vs. “How are we doing?”

Several years ago, I had the privilege of being the keynote speaker for a series of quality forums held by Universal Health for their leadership teams. Individual hospital teams made mini presentations or shared PI posters prior my keynote, so I benefited from hearing about their experiences in addition to sharing my ideas on improving engagement.



I still remember the executive team that shared insights on making leadership rounding on patients more powerful. Their initial efforts started with a list of questions posed to patients and family members about staff practices and behaviors, including hourly rounding, cleanliness, quietness, etc. In practice, they immediately ran up against patients’ hesitance to open up. Research from many industries tells us that customers are usually reluctant to talk about concerns while they are still with us. Why? Because they find it intimidating and are concerned about potential retaliation in some way.

This executive team found their conversations changed dramatically when they started by asking patients how *they* were doing rather than focusing on staff performance. When a level of trust and rapport was established, a question like, “Is there anything that could have been better or that we should change?” often elicited more candid responses.

Rounding to Achieve Higher Purpose

When leadership teams reinforce organizational values and purpose in conversations with staff, they lay the foundation for a stronger, performance-oriented culture. While the ultimate goal is to collectively improve results, approaching rounding in a way that starts with meaningful engagement and support for employees is the most powerful, sustainable way to get there.



Empower

During trying times in uncharted waters, employee voice is critical. Giving frontline experts the chance to weigh in and help solve emerging problems does more than just produce smarter solutions. Empowering employees helps improve engagement and addresses one of the root causes of burnout: lack of control. It also takes some of the pressure off overwhelmed frontline leaders who sometimes feel as if they have to have all of the answers and personally solve every team problem.

Organizations don't need lots of new rules, structure, committees, and bureaucracy to empower staff. It starts with a shift in mindset that can be captured in three straightforward questions:

"What do you think?"

"What needs to be improved?"

"How can you help?"



Contemporary performance improvement approaches such as PDCA, Lean and Six Sigma all have at their foundation the philosophy that you find better, more sustainable solutions when you tap the experience and expertise of those who are closest to the work. But leveraging this philosophy does not always require an "event" (think Kaizen or tiger team.)

Team empowerment and problem solving can happen just as powerfully – and more frequently – when

leaders think more broadly about opportunities for staff input and "micro events," such as:

- Staff meeting agenda items dedicated to gaining insights and potential solutions to specific issues facing the team
- Quick feedback during the daily huddle on overcoming immediate, short-term challenges
- During regular leadership rounding, soliciting individuals' ideas on current or emerging problems to address
- Chartering small, focused, ad hoc teams to tackle issues that are important to the team and the patients they serve

Consistently empowering staff is more about leader mindset than it is about specific process improvement tools or techniques. Emerging from the pandemic, this leadership practice addresses one of the primary root causes of burnout: lack of control and voice.



Align

For health care organizations struggling with operational survival, hour-to-hour may best describe their planning horizon during the pandemic. The stress and immediate challenges of COVID-19 have thrown a wrench in most healthcare systems' disciplined, predictable annual goal-setting processes.

But the pandemic shouldn't cause goals and the process of goal setting to be completely tossed aside, especially at the workgroup level. Rather, adapting goals sends an encouraging message to the team that can help support a workforce that is physically exhausted, emotionally drained and, in some cases, disillusioned.

Pulling back on some priorities and leaning into others, following are three key ways to think differently about goal-setting during the pandemic.

Be as clear about what you're *not* going to do as what you are

Talented, experienced strategic planners tell us that deciding what we should *not* spend time and resources on is the toughest part of effective planning.

That same philosophy and discipline can help your team breathe a collective sigh of relief when your organization is overwhelmed by the pandemic. Telling employees that a major IT enhancement, a new program opening, or any other project that puts extra stress on staff has been put on hold can be both a relief and a signal that you really do understand what they're up against.

Get staff more involved in work group goal setting

Too often, organizations focus all their attention on big, company-wide goals and expect those to automatically be translated to work at the frontline. Often overlooked is frontline staff involvement in *how* goals get achieved.

Smart Goals



In their book *The Four Disciplines of Execution*, authors Sean Covey, Chris McChesney and Jim Huling, describe the importance of setting both “lagging” and “leading” goals to change performance. Most leaders set and are most comfortable with lagging goals that look in the rear-view mirror and measure end results (for example, our operating margin last quarter or quality scores last year).

Leading goals, on the other hand, target specific predictive behaviors that will lead to better performance. This clinical example illustrates the concept: if your lagging goal is reduced infections, your leading goal should be hand hygiene compliance.

Getting staff involved in identifying leading goals during the pandemic is an ideal way to improve empowerment. Examples of issues that could improve the care experience for staff, patients and family members might include:

- How to share responsibility for communicating with family members who can't visit
- How and when to proactively share visiting restrictions with family members to avoid conflict and disappointment
- How the role of the charge nurse might be adapted on a COVID unit to better support staff

Dial up the focus on goals around leadership support

The performance improvement saying that “if you don’t measure it, you can’t move (improve) it” applies to leadership rounding and other support strategies. Smart leadership teams follow structured, disciplined schedules and metrics to ensure rounding is consistent and appropriately distributed across all key work groups and departments. What leaders hear and learn during rounding should be a standing item on management team agendas so that insights and hotspots can be shared.

Especially during the pandemic, goal setting should be adapted and focused to communicate to staff that their leaders understand the stress they’re under and appreciate the sacrifices they’re making. For organizations that value and want to amplify employee voice, involving employees in setting “leading” work group goals is one of the best ways to make this happen.



Mentor

While the majority of a leader’s time is spent on activities and responsibilities to support the work team as a whole, his/her relationships and support for each individual employee are significant determinants of success. The **Mentor** module of the T.E.A.M. Framework focuses on three transformational leadership practices: Observation, Daily Coaching, and Development Dialogues.

Each of these leadership best practices takes on new meaning and significance during the pandemic and its aftermath. Because COVID has impacted individuals and their families in such different ways, employees will notice and appreciate leaders’ efforts to individualize support during these challenging times.

Observation in the trenches helps leaders catch employees at their best

“Do they really understand what I deal with every day?”

At some point, this question passes through every employee’s mind. During the pandemic, this concern has progressed from a question to a statement: “They don’t understand what I’m doing every day.”

Even when leaders really do understand what frontline staff are going through, employees' perceptions are often that they have no idea if they aren't seen in the trenches every so often. In today's environment, leaders also need to stay more connected to gauge how day-to-day challenges and attitudes are changing.

So, while the primary goal of direct observation is to see and evaluate how the work is getting done, a side benefit is the additional visibility it affords during challenging times.

There are only two simple, straightforward goals for leader observation:

- 1. Catch staff in the act of doing good and then reinforce that behavior through recognition and praise, and**
- 2. Coach for improvement when you see practices and/or behaviors that fall short of expectations.**

While many managers believe that observation is necessary primarily to correct lower performers' deficiencies, it's the team's "stars" who may benefit most from the practice. The contributions of your best employees will be seen and recognized more frequently. And the fact that lower performers are being coached to improve their contributions to the team will instill a greater sense of confidence and admiration for the leader.

Leader visibility provides more opportunities for balanced feedback

For too long, the labor-intensive, frustrating annual performance appraisal process has been the institutionalized way that leaders provide feedback to employees. But according to surveys, the practice has been abandoned in approximately one-third of organizations in other industries because it is both

expensive and ineffective. It is time for healthcare to follow suit.

Rather than using a "big bang" approach to feedback once a year, smart leaders recognize the power in brief, more frequent, consistent feedback throughout the year. Psychologists call these "micro-actions."

In the T.E.A.M. Framework, we call it Daily Coaching. For many reasons, this immediate feedback is beneficial for both leaders



and team members. Both praise and constructive criticism are more powerful when they closely follow the contribution or behavior.

Great mentors understand the strength in listening

The third component of the Mentor module, the Development Dialogue, is one of the most important conversations a leader can have with each member of his/her team right now. Unlike the annual performance appraisal, this conversation is focused on listening to really understand each employee's thoughts on their strengths, career goals, and how they can contribute even more significantly to the team's success going forward. We suggest having this type of conversation with each team member at least twice a year.

Coming out of the pandemic, we recommend adapting this conversation to include questions that relate specifically to how each employee is coping with the personal and professional challenges that the past year has wrought.

Potential questions and topics might include:

- What has been most difficult for you over the past few months?
- What accomplishment are you most proud of?
- What do you hope senior leadership really understands about what you've been through?
- How can your experience and skills contribute in an even bigger way to our team's success?
- How can I and other members of the team best support you right now?

Never have the mentoring and development of individual members of a work group been more important. Re-recruiting team members – especially your stars – through Daily Coaching, Observation and Development Dialogues provides a clear path to transforming workplace culture, improving engagement, and engendering employee loyalty.

Summary

The pandemic has been one of the most challenging times in most health care leaders' careers. The recovery can – indeed, must – be their finest hour.

For organizations and the dedicated employees who brought them through this difficult period, the next 18+ months must be a time of healing and renewal. Frontline leaders carry a tremendous responsibility as counselors and guides for work teams during recovery. Perhaps ironically, very little of what they learned during the day-to-day survival phase of the pandemic has prepared them for this longer-term, more complex journey. Especially now, smart organizations are recognizing that to best support frontline staff, they need to better develop and support frontline leaders.

About the Author



Burl Stamp, FACHE, is the President/Founder of Stamp & Chase, Inc. With broad-based experience working alongside health care professionals from the boardroom to the bedside, Burl has helped major health systems, academic medical centers and community hospitals improve bottom line, patient experience, staff engagement and patient safety results.

Prior to launching Stamp & Chase over 18 years ago, Burl served several leading health care organizations in executive roles. As president and CEO of Phoenix Children's Hospital, he spearheaded development and construction of the first comprehensive, freestanding health care campus in Arizona dedicated to pediatrics. He developed the first strategic planning and marketing department at St. Louis Children's Hospital, where he started the highly successful Answer Line in 1989 to provide reliable, accessible health advice to families. He went on to lead pediatric services development for BJC Healthcare/Washington University Medical Center.

Burl is the author of *The Healing Art of Communication*, a health care professional's guide to improving communication. He is a faculty member of the American College of Healthcare Executives and a frequent speaker on communication, leadership, organizational culture and business development strategy in health care organizations.

About Stamp & Chase

Stamp & Chase partners with leading healthcare providers across the country to improve the care experience by improving communication competencies and practices among frontline caregivers and leaders. At the heart of the firm's work are two comprehensive sets of tools and strategies to support care teams:



CAREmunication[®] provides a comprehensive curriculum for frontline staff focused on building competencies and practices that improve communication with both patients and colleagues

MyTEAM offers a robust portfolio of cloud-based platform of leader tools and approaches that sustain performance improvement through more effective manager coaching, goal-setting, mentoring and accountability



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