Resilience During a Crisis: You and Your Team

Key Opinion Leaders Roundtable White Paper

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Thriving during a crisis, such as COVID-19, takes teamwork. As healthcare leaders, we can help our teams develop resilience skills as we work together to effectively meet the challenges before us. Through key opinion leaders, this guide discusses a key strategy to crisis management: using self and team reflection to help ourselves and our teams feel a greater sense of control and optimism in the face of adversity. As anesthesiologists, our training has prepared us to meet the perioperative needs of our patients with a focus on safety and quality. As we tackle each day, we may be accustomed to putting up our guard and not discussing with our team how the professional challenges we face make us feel.

During a major crisis, such as the global pandemic, however, it is not business as usual. It is business in a “new normal,” which may be exceedingly chaotic and stressful as we confront unpredictable obstacles on the front line. During times of crisis, it is important to recognize and address how critical events affect us and our team on an emotional level. To function optimally, both self and team reflection during a crisis are essential for organization and team success.

Why Self and Team Reflection Are Critical for Crisis Management

At the onset of the COVID-19 pandemic, essential healthcare workers operating in COVID-19 hot spots were met with overwhelming challenges, including the personal risk of infection and transmissibility to family members, especially those considered high-risk due to previous comorbidities; limited quantities of protective equipment (PPE) and other resources; uncertainty about performing previously routine procedures, such as proper airway management, and hospitals operating above patient capacity. To increase personal and public safety across the country while conserving PPE, hospitals moved to cancel surgeries and limit other services.

Canceling elective procedures combined with patients postponing both primary and specialty care visits resulted in significant drops in hospital revenue. Loss of income from furloughs or being laid off added income insecurity to concerns around personal health and safety. Before the pandemic, these scenarios may have seemed as unfathomable as a meteor landing in one’s backyard.

In conjunction with the public health emergency resulting from the pandemic, a crisis within a crisis ensued. Conflict in U.S. cities arose as a result of the tragic death of George Floyd in Minneapolis, which spread to other American cities and then to other countries with Floyd’s murder garnering international condemnation.

Social unrest in response to systemic racial inequality and the pandemic are just two examples of crises that can disrupt our personal and professional lives on many levels, including our psychological wellbeing. As leading members of a healthcare team, we may have noticed the emotional ripple effects of the pandemic and the national unrest among our colleagues. Even if our team continued to function effectively throughout the pandemic, we may have sensed an underlying sadness and fear among colleagues and staff.

During a local, national, or global crisis, it is important to acknowledge what is going on under the surface by giving team members opportunities to voice their feelings and concerns. Leading meetings focused on the team’s emotional well-being can help keep our teams functioning optimally. By gathering the team to discuss how the team is coping with the crisis, fear and anxiety may be less likely to manifest in unproductive ways, such as the need to control, lash out, judge, criticize, react out of proportion to events, or simply disengage, which can impair our team’s ability to function as a whole and potentially even affect patient care.

Meeting as a team during a crisis to discuss how everyone is coping may also promote staff retention and help team members develop resilience, which is a survival skill that can only be developed during chaos. Crises put our resilience skills – or the lack of them – to the test.
What is Resilience?

According to the American Psychological Association (APA), the most widely accepted definitions describe resilience as the “process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.” In short, resilience is the capacity to positively adapt to adversity.

The original static concept – that resilience is a character trait someone naturally possesses (or doesn’t) – has progressed over four decades of research involving children growing up in challenging home conditions who nonetheless, developed into competent, confident and caring young adults. What was it about them that allowed them to flourish despite their chronic exposure to threats, such as exposure to violence or poor treatment? This research has helped lead us to the current understanding that resilience is a dynamic process and set of skills anyone can develop. The definition has expanded beyond individuals to encompass a systems-level perspective that includes organizations, such as families and professionals.

Are We and Members of Our Team Functioning Resiliently?

According to the APA, those who are generally adapting successfully when faced with adversity adopt these core resilience-building strategies. They include:

- **Being proactive.** The resilient take the initiative rather than being passive or reactive; planning and preparing for action.
- **Self-efficacious:** Resilient individuals believe in their own ability to have an impact on outcomes.
- **Realistically optimistic:** They interpret an event or person in a positive but realistic way to maximize adaptive emotional and behavioral responses.
- **Cognitively flexible:** They learn to mentally switch gears and consider alternative perspectives.
- **Problem solvers:** They generate possible solutions, evaluating their pros and cons and choosing the most effective plan of action.
- **Relationship builders:** They employ social skills, such as reading nonverbal cues, to enhance connections with family, peers, and the community.

Resilient people also learn to give themselves credit for personal strengths while maintaining perspective on areas that might benefit from improvement. They learn and utilize skills to modulate physiological systems and thinking patterns, such as calm breathing, physical activity, and visualization.

As healthcare leaders, we can help our team members manage a crisis with resiliency by providing them with opportunities for team reflection. These meetings can promote relationship building and problem solving. They may also be nothing more than a safe venue for catharsis as our team navigates the uncertain terrain of a crisis and its effect on their professional and personal lives. Organized venting sessions can be a happy medium, providing a candid experience within a structured meeting format so everyone who chooses to can participate.

Tactics to Guide Teams Through a Crisis

First Ask: How Am I Doing? The Importance of Self-Reflection

Before meeting with team members, it is important to recognize that self-reflection during a crisis is essential. How is the crisis affecting you? “The hardest thing for someone in the midst of a crisis to do is look after themselves,” says Lawrence J. Lincoln, MD, medical director of the Tucson Medical Center Hospice in Arizona. An infectious disease specialist, Dr. Lincoln transitioned during his career to working with psychiatrist Elisabeth Kübler-Ross, author of *On Death and Dying*. The late Dr. Kübler-Ross conceived of the Five Stages of Grief, referred to as DABDA (denial, anger, bargaining, depression, and acceptance), which are taught and used extensively around the world.

In crisis mode, it is common to react rather than reflect. “But it is important to take a moment for self-reflection to just recognize what you’re feeling without trying to fix it,” Dr. Lincoln says. After training with Dr. Kübler-Ross in 1984, Dr. Lincoln began leading many of her Life, Death and Transition workshops in the U.S., Canada, Australia, and New Zealand, as well as training others to continue her work. In 1991, Tucson Medical Center asked Dr. Lincoln to assist in the opening of its new hospice, where he continues to serve as medical director.

“Elisabeth Kübler-Ross was known to say: ‘If we react longer than 15 seconds, it’s touching on old, unresolved pain,’” Dr. Lincoln says. “If we find ourselves reacting to a comment by our spouse, friend, co-worker, or even a political figure with anger, anxiety, or sadness way out of proportion to the stimulus, it is likely we are being triggered and projecting onto the speaker someone from our past who has hurt us. Similarly, our fears and frustrations may be magnified in a crisis if old doubts about our ability, self-worth, or security are triggered. Simply recognizing that the current crisis is triggering old patterns of responses and behaviors can help us regain perspective, reduce our anxiety, become more empathetic to others who may also be over-reacting, and even laugh at ourselves.”

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Before meeting with team members, take a moment to reflect upon how you are feeling as a result of the crisis, akin to the airplane analogy of putting on your oxygen mask first before attending to the needs of others. Even during chaotic days, it is important to take a moment to reflect on yourself and ask: Where was I reactive? Was my reaction overblown or in proportion to the event? “I will watch that in myself,” Dr. Lincoln says. “At the end of the day, I will revisit difficult moments and feelings to recognize what I’m still hauling around from my past. Today’s challenges can be the catalyst for personal healing and growth.”

Being aware of our responses to the crisis and the leftover feelings it may have triggered can help us manage our own magnified emotions of fear and anger, or avoid behaviors such as changing the subject, giving unrequested advice, or using inappropriate humor to cut off difficult feelings from colleagues. When Dr. Lincoln asked himself that question during the COVID surge, he realized he had to learn to be comfortable with his fears, including being intubated and sedated due to COVID, losing a loved one, and experiencing financial disruptions.

Elizabeth Kübler-Ross said we can only go as deep with somebody as we are willing to go with ourselves. Recognizing and acknowledging what is inside ourselves, without trying to fix it, requires a willingness to be emotionally vulnerable and helps us to be more present and available for team members.

**Ask: How Are You Doing? Provide Opportunities for Team Reflection**

While taking measure of our own emotional well-being, it is important to conduct frequent meetings during a crisis to talk with team members about how they are coping. During these emotional checkpoints, team members may reveal the challenges they are facing in their lives both personally and professionally, which can be cathartic for them and enlightening for us as team leaders, providing a more comprehensive picture of our team.

During a crisis, teams may also struggle to articulate emotions that can be difficult to express, such a loss of autonomy and confidence about the future. Their discomfort could also be a form of grief – for the loss of the innocence of their pre-crisis reality that something so unthinkable could happen. As team leaders, it is important to be vulnerable and open to hearing from our team about what the crisis means to them.

**Listen without Problem Solving**

As team leaders, we may be reluctant to ask questions that require peeling back the layers. Emotional questions tend to elicit emotional answers. These answers can take time and attention and often, any problems that arise may not be solvable. If team members are upset because they cannot get childcare during a pandemic, for example, what do we do with that information? We can relieve anxiety with sedation for patients before surgery, but we may not be able to fix our team’s frustration.

That is okay. When meeting with team members to learn about how they are coping during the crisis, it is important to just simply listen. “One of the most powerful things I learned from Elisabeth Kübler-Ross was to give people the space to air their emotions. She never tried to fix anyone,” Dr. Lincoln says. Sometimes just saying: “What you are feeling makes sense to me,” or “I wish I could take away those painful feelings” will help team members feel heard and supported, relieve some anxiety and regain some control in an otherwise chaotic circumstance.

**Methods for Team Reflection**

During the onset of the COVID-19 pandemic, national protests against system racism and other crisis situations, hospital team leaders across the country found ways to attend to the emotional landscape of their team members. Here are examples of methods they used for team reflection.

**Weekly Town Hall Meetings**

Town hall meetings allow administration and hospital governance to share important information with employees. They also allow employees to ask questions and encourage team members from different parts of your organization to reach out to each other to solve shared problems. In addition to discussing operational issues, such as whether to adopt recommended COVID-19 practice initiatives for specific patient populations, town hall meetings can provide employees with an opportunity to discuss their fears, grievances, challenges, and successes. “Team reflections should be opportunities to create a safe space for everyone to share their life experiences,” says Claude Brunson, MD, MS, CPE, FASA, founder of the ASA’s Committee on Professional Diversity.

A month after becoming president and CEO of Dartmouth-Hitchcock and Dartmouth-Hitchcock Health in Lebanon, New Hampshire, board-certified anesthesiologist Joanne Conroy, MD, learned firsthand how therapeutic town hall meetings can be. On September 12, 2017, an active shooter, a patient’s family member, entered the hospital’s ICU, resulting in the tragic death of the patient. The incident forced the medical center to evacuate its thousands of employees and many of their patients.

To help employees heal from the trauma, “We held a town hall and asked: ‘How is everybody feeling? They really wanted to talk,’” Dr. Conroy says. Chaplains were also stationed in the ICU as listening ears. The town hall meetings helped the leadership team realize that team members and the community were grieving many losses, including a collective loss of innocence.
“The upper valley in New Hampshire had been a safe place where no one locked their car door. The entire community was affected by the experience,” Dr. Conroy says.

With an open-ended agenda, regularly scheduled town hall meetings can cover lots of shifting ground. After the initial COVID-19 surge, for example, hospitals began using town hall meetings to host racial inequality and social justice discussions for team reflection. “Diversity and inclusion became intertwined with everything else going on,” says Chris Glover, MD, MBA, medical director of Perioperative Services at Texas Children’s Hospital in Houston. “We used the same venue for COVID to specifically reinforce our thoughts on Black Lives Matter, inclusion, and diversity in the aftermath of the murder of George Floyd. As a health system, we held a moment of reflection at a time of the day when anesthesiologists could attend and took a knee for eight minutes and 36 seconds.”

Informal Update Sessions

Regular update meetings can take many forms; they are another option for team reflection. During the initial COVID outbreak, “We had a chaplain wellness check-in,” says Joseph Szokol, MD, an anesthesiologist with the NorthShore Medical Group in Evanston, Illinois. “A lot of things were pent up and hidden. It gave us a chance to deal with things before things erupt.” The wellness check-ins were held for one hour twice a week. “Everyone loved them,” Dr. Szokol says.

At Dartmouth-Hitchcock Health, Dr. Conroy began hosting “Meet the President” virtual breakfasts during COVID-19, just to check in with people. “I just listened without judgment and let people talk,” she says. Similarly, something as simple as disseminating an online survey can also be useful to learn how team members are managing during a crisis while providing a thread of connection.

Peer-to-Peer Support

Team reflection can take many forms, including selectively calling individuals on our team who may be especially vulnerable to the emotional uncertainty of a crisis, including team members with vulnerable family members or those at-risk because of age or known mental health or substance abuse issues.

Peer-to-peer phone calls were a tactic Laura Diaz-Berenstain, MD, a pediatric anesthesiologist, and her team at Cincinnati Children’s Hospital Medical Center, used during the initial stages of COVID-19. They increased an existing peer-to-peer support program and everyone in the department (clinical, administrative and research) received at least one check-in phone call. “Most people were grateful to be checked on,” Dr. Diaz-Berenstain says. “Some would start to talk about personal issues, such as a parent they were caring for or the stress of home-schooling their children. It was a good experience for most people,” she says.

A common theme emerged: “People were thinking about where they were in life and how their priorities have changed. It was rewarding for us and for them to go through this process of exploration and healing.” Reaching out during a crisis could also mean offering informal peer-to-peer support to team members with a quick: “How are you doing?” or text to let them know you are thinking of them.

Help Team Members Stay Informed

Disseminating reliable information regularly about the crisis, such as the current number of COVID-positive patients and how many outpatients have tested positive for the virus can also provide team members with a measure of control. Data can help a crisis take shape. Team members may not be able to control the numbers, but at least they know what they are up against.

Should You Speak Up?

As we guide team members emotionally through a crisis with frequent opportunities for self and team reflection and listening without judgment, we may be tempted to keep our concerns to ourselves. After all, as a team leader, we are supposed to have our act together even during a crisis, right? Not so fast. Team reflection meetings are our chance to be heard too.

“As I listen to the voices of my past, I begin to recognize younger voices in my patients: scared, mistrustful children, people pleasing or defiant teenagers, a grieving young child in a 70 year-old adult who was losing her 93 year-old ‘mommy,’” Dr. Lincoln says. “When I recognize that my old fears, anger, or grief are being triggered, I, as grown man, might speak to my team about my triggered feelings. My vulnerability models to my team that having strong feelings does not make me ineffective and encourages others to be real,” he says. “Even if I don’t receive an empathetic response from my team, the fact that I listened to, and spoke for, myself strengthens the inner relationship and deepens my trust in what I am feeling.”

Maybe we, as team leaders, are overwhelmed because during everything, we have had to transition to online teaching, and it is just too much to manage with your clinical load. When leaders share their vulnerability during a crisis and admit they do not have all the answers, team members respect their honesty and transparency. In addition to honoring our own voice, having the courage to vocalize our feelings during team reflection meetings may also inspire reticent team members to share their thoughts and create enduring connections among your fellow physicians, surgeon, staff, and administrators. “We are drawn to people who are comfortable in their own skin,” Dr. Lincoln says.

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Focus on the Silver Linings

As we begin to offer opportunities for team reflection, we may encounter team members who aren’t interested in exploring their emotional response to the crisis or members who use the uncertainty of a crisis to advance their own agendas or perform micro aggressions. What then? Continue to try to be available and listen without judgment or a negative response.

Overall, challenging times require team leaders to make the courageous decision to check in with their teams no matter what may be revealed, attend to them on a level that’s not strictly operational, and help team members extract the meaning from the experience. A crisis can be an opportunity for personal and professional growth, which can start with a simple question: “What, during this crisis, are you grateful for?”

After the crisis is over, as we accept our losses and things get back to the “new normal,” or even just normal, team reflection meetings may subside or become part of standard practice. But there’s still more work to be done. The aftermath of a crisis is prime time for self-reflection; everyone still has a decision to make: How am I going to live my life?

Whether we have lost the innocence of not knowing something like a global pandemic is truly possible or we have lost more, such as financial security or a loved one, crises are equated with loss and grief. “In grief, we go through a process, but we have a choice: Who am I going to be when I come out of it?” Dr. Lincoln says. “Am I going to punish others because of my loss, or am I going to move to acceptance and gratitude?”

As a leader of a healthcare team, we can help the members of our team extract meaning from the crisis and focus on identifying the upside. Reframing the crisis to accept the situation and search for the silver linings is a hallmark of resiliency.

“During the initial stages of the pandemic, we cut back 85 percent of our work in less than two days,” Dr. Conroy says. “Yet there were many silver linings to the total disruption of our lives. When I talked to employees, many told me they appreciated the extra time they got to spend with their families. Now, they don’t want to go back to living the way they were before.”

Personally, Dr. Conroy realized that pre-pandemic, she had been traveling extensively all over the U.S. and that some of that travel was not necessary. “It was liberating not to be traveling at all. I have more time to do things I really value,” she says.

Make the Transition to Team Reflections

During a major crisis, such as the global pandemic, self and team reflection are essential to helping team members cope with their fears, sadness, and grief and the exceptional challenges with which they are faced. Opportunities and self and team reflection should supplement meetings that focus on operations.

Develop an action plan. How will we guide team members and help them help each other? Which team reflection tactics will we implement during a crisis to help ensure our team’s success? By focusing on the emotional well-being of our team during a crisis, ultimately, a stronger and more resilient team can emerge.