

# RECOGNIZE RECOVER REBUILD



**HEALTH**  
UNIVERSITY OF UTAH

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## MOVING FORWARD, TOGETHER.

A Guideline for Leading System Resilience

Resiliency Work Group – May 2021

# MOVING FORWARD, TOGETHER.

## A Guideline for Leading System Resilience

**T**he past year has distinguished itself as a series of **cascading traumas**: a pandemic, an earthquake, racial injustice, hurricane force winds, political strife and ongoing acts of violence. These events captured our attention. They have replayed again and again in the news and on our social media feeds, keeping our nervous systems on high alert, braced for the next disaster.

**The effects of trauma are many.** The people you lead might have difficulty sleeping or concentrating. They may feel lethargic or on edge, have headaches or GI distress, or experience feelings of guilt, shame, worry and loneliness. While they may say they feel fine—and surely many do—survey research over the past year indicates a significant increase in anxiety, depression, PTSD, alcohol use, weight gain, burnout and relationship issues. Some have considered leaving their jobs and their professions. There is a business case and a moral imperative to collectively heal and foster [posttraumatic growth](#).

**Posttraumatic growth is the positive psychological change that occurs after a life-altering challenge.** It is associated with deeper relationships, a stronger sense of self, more openness to new possibilities, greater sense of spirituality and purpose, and an increased appreciation for life. Facilitating posttraumatic growth can help our current moment and possibly act as a protective factor against future traumatic events.

**We can turn to science to guide us forward.** This guide provides practical methods for facilitating posttraumatic growth in faculty, staff, trainees, and patients. It focuses on developing common characteristics: strong social networks, mental health support, explicit commitment from community leaders, opportunities to engage in positive coping and well-being activities, and access to the arts to facilitate connection and healing. Leaders can use this knowledge in a comprehensive, collaborative and coordinated way.

**Think of it as public health for our U of U Health community.** While the pandemic has revealed deep inequities across our society, it has also revealed opportunities to get better in our own spheres of influence. By engaging in practical, evidence-based intervention, like that available in this guide, we can better identify employees and groups who are more at-risk for long-term psychological harm. We can connect them with tailored programs and services. We can foster posttraumatic growth.

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**This guide is designed to support U of U Health leaders with the difficult task of supporting teams during this extraordinary time.** Created by interprofessional mental health, education and communication experts, it contains a unified message to recognize, recover, and rebuild as an organization over the next 12 months.



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# System Resilience: Recognize, Recover, Rebuild (3Rs)

12-month snapshot of the 3-phase communication and support initiative that serves the system goal reviewed by Ops Council and the SVP Cabinet: **Implement a comprehensive system wide intervention to address the SAMHSA psychological [phases of disaster](#) reconstruction phase.**

Phase	Recognize	Recover	Rebuild
Workforce Feels	seen and heard	better, together	supported and empowered
Messaging Timeline*	Mar. 1, 2021 – Jun. 30, 2021	Jul. 1, 2021 – Oct. 31, 2021	Nov. 1, 2021 – Feb. 28, 2022
Action	<b>Create space to <i>recognize</i></b> —check-in on how we’re doing right now, acknowledge what we’ve been through, and how much we’ve accomplished.	<b>Carve out time to <i>recover</i></b> —to identify what feeds our workforce intrinsically and develop upstream interventions that promote well-being.	<b>Reflect and <i>rebuild</i></b> —identify the parts of our “old normal” that weren’t working and take action to create a healthier, more sustainable, and equitable future.
Talking Points	<p><b>Acknowledge</b>—that everyone’s experience is different, and every experience has value (acknowledge the multiple collective traumas).</p> <p><b>Connect</b>—reinforce how much we’ve been through and how much we’ve accomplished together.</p> <p><b>Support</b>—share <a href="#">support resources</a> and make accommodations for those who need them.</p>	<p><b>Promote psychological safety</b>—make U of U Health a safe place for speaking up and discussing mental health at work.</p> <p><b>Encourage empathetic leadership</b>—work to acknowledge and overcome <a href="#">implicit bias</a>, engage in active listening, and take action.</p> <p><b>Build a strong sense of connection</b>—reduce isolation by breaking down information silos, engage in community building, foster communities of practice for shared learning.</p>	<p><b>Reconnect to purpose</b>—reinforce our shared mission and the integral role each individual plays in our collective success.</p> <p><b>Examine workload</b>—sponsor efforts to examine and develop structures for manageable workloads: analyze patient panel, case load, redundancy, meeting frequency, training methods, cognitive load, schedule autonomy.</p> <p><b>Prepare for the next crisis</b>—examine what worked and what didn’t; plan for and make system improvements.</p>
Tactics	<p><b>Discuss “Recognize”</b> phase at meetings and employee forums (encourage others to share).</p> <p><b>Lead <a href="#">check-in</a> and <a href="#">reflection</a></b> activities.</p> <p><b>Raise awareness</b> of available <a href="#">resources</a> and provide accommodations for those who need them.</p> <p><b>Verbally validate</b> and acknowledge traumas in a timely and ongoing manner.</p> <p><b>Make space</b> for grieving and exhibiting emotion.</p> <p><b>Highlight</b> accomplishments and collective efforts in one-on-ones and annual evaluations.</p>	<p><b>Discuss “Recover”</b> phase at meetings and employee forums (encourage others to share).</p> <p><b>Normalize</b> discussion of mental health at work by ensuring psychologically safe support.</p> <p><b>Share</b> available resources and provide accommodations for those who need them.</p> <p><b>Emphasize work-life integration by encouraging the use of vacation/PTO.</b></p> <p><b>Engage</b> in <a href="#">bias training</a> and encourage others to join you.</p> <p><b>Use active listening</b> techniques.</p> <p><b>Respond to feedback</b> in a timely manner.</p>	<p><b>Discuss “Rebuild”</b> phase at meetings and employee forums (encourage others to share).</p> <p><b>Share</b> available resources and provide accommodations for those who need them.</p> <p><b>Sponsor</b> pilot efforts to examine workload and develop strategies to improve/streamline.</p> <p><b>Conduct qualitative and quantitative analysis</b> of Covid-19 response to determine best practices to carry forward and opportunities for improvement; publicly share findings.</p> <p><b>Develop action plans</b> based on response analysis to address future crisis response.</p> <p><b>Encourage</b> workforce training in structured problem solving.</p>

\* Everyone moves through the healing process differently. Adjust phase timelines according to your individual team needs.







# RECOGNIZE

## Feel seen and heard

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**We're all in different places as we manage stress and fatigue.** A metaphor—the horizon conflict— can help explain our next steps. Imagine you're standing on a cliff with your colleagues, looking out at the sea. Some of your colleagues have their binoculars pointed straight down at the beach. You may be looking out at a ship on the horizon. Others are looking past the horizon.

**We've long managed these conflicting views**—caring for the patient right in front of us; planning for the patient three, five, or 10 years from now; and toggling back and forth between both ways of seeing. But the conflict is more jarring now. Many in our community are overwhelmed, unable to engage in our pre-pandemic priorities.

**We can acknowledge and recognize** that we have different horizons and different responsibilities. As leaders, we can respect those horizons with simple tools that nudge us forward.



## How are we doing, really?

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On [May 14, 2021](#), individuals from across the organization shared powerful stories from the past year. Consider asking your team, “How are we doing, really?”

MOVING FORWARD

TOWN HALL

## Timeline

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**Mar. 1, 2021 – Jun. 30, 2021**

(flex timeline of discussion as needed)

## Talking Points

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**Acknowledge**—(verbally validate) that everyone’s experience is different, and every experience has value.

**Connect**—reinforce how much we’ve been through and how much we’ve accomplished together.

**Support**—share [resources](#) and provide accommodations so those resources can be accessed.

## Tactics & Tools

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**Discuss “Recognize”** at meetings and employee forums (encourage others to share).

**Lead** [check-in](#) and [reflection](#) activities.

**Raise awareness** of available [resources](#) and provide accommodations for those who need them.

**Verbally validate** and acknowledge traumas in a timely and ongoing manner.

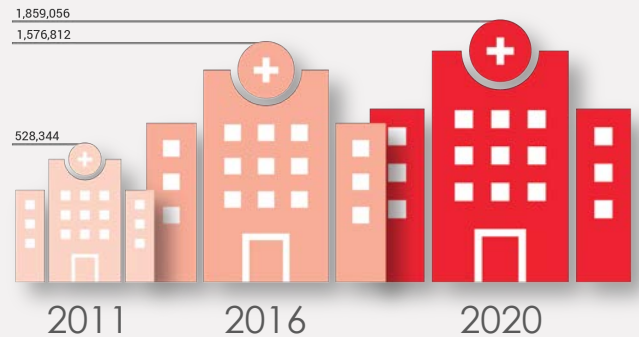
**Make space** for grieving and exhibiting emotion.

**Highlight** accomplishments and collective efforts.

A decade of growth  
punctuated by a  
pandemic.

It's time to recover.

### 400% Increase in Patient Volume Over 10 Years



# 70%

of faculty and staff are at  
high risk of burnout

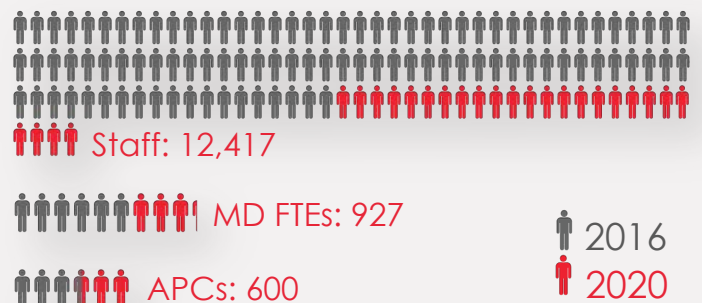
(2021 Waggl; 3/2021 Well-Check)



Spring 2021 has brought  
an increase in individuals  
experiencing mental  
health crisis.

(U of U Health Resiliency Center)

### 40% Growth in Workforce Over 5 Years



# RECOVER

# RECOVER

## Feel better, together

**Ask a colleague how they are feeling** and you're likely to hear some variation of: "I'm fine." This has long been the traditional approach to personal well-being in health care. Put your head down and push ahead, for the good of the patient and the team you work with. The results of this well-intentioned attitude are troubling. Many of our colleagues are burned out.

**While the I'm-fine approach was always insufficient** for the physical, intellectual, and emotional labor of academic health care and patient care, it is especially inadequate now. We've learned too much about the relationship between personal well-being and patient well-being to ignore that caring for others means caring for ourselves. And we've learned that organizational adaptations are just as important as personal ones.

**We can carve out time to recover and identify what feeds our workforce intrinsically;** we can develop upstream interventions that promote individual and collective well-being.

A host of online  
& in-person events  
will promote  
**RECOVERY**  
over the next year.  
(Details will be  
posted on Pulse.)

**Promote  
Psychological  
Safety**

**Encourage  
Empathetic  
Leadership**

**Build a Strong  
Sense of  
Connection**

## Timeline

Jul. 1, 2021 – Oct. 31, 2021

(flex timeline of discussion as needed)

## Talking Points

**Promote psychological safety**—make U of U Health a safe place for discussing mental health at work. Psychological safety is also about being able to share ideas without fear of retribution, being able to ask for help, and feeling supported after making a mistake.

**Encourage empathetic leadership**—work to acknowledge and overcome implicit biases, engage in active listening, and take action.

**Build a strong sense of connection**—reduce isolation by breaking down information silos, engaging in community building, and fostering communities of practice for shared learning.

## Tactics & Tools

**Discuss “Recover”** at meetings and employee forums (encourage others to share).

**Normalize** discussion of mental health at work by ensuring psychologically safe support.

**Share** available [resources](#) and provide accommodations for those who need them.

**Emphasize work-life integration** by encouraging the use of vacation/PTO.

**Engage** in [bias training](#) and encourage others to join you.

**Use active listening** techniques.

**Respond to feedback** in a timely manner.

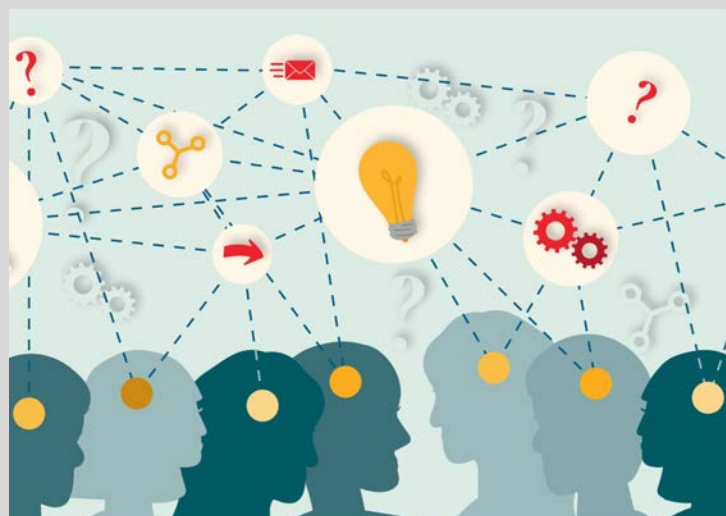
## How do we rebuild for the future?

We've focused this past year on attending to the symptoms: support services, crisis support, emotional well-being.

We need to continue to invest in supporting our teams.

But we also need to look to the upstream causes of professional burnout.

We need to address workload, sense of control and flexibility through system design.



Julius Rowe Jr. (Age 4) at the June 6, 2020, racial justice protests at the Salt Lake Capitol.

We need to address the systemic racism that impacts our minoritized faculty, staff and trainees who report ongoing trauma from macro and microaggressions.

# REBUILD



# REBUILD

## Feel empowered & supported

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**We were already a culture marked by burnout, exhaustion and depersonalization before the pandemic.** Across the country, approaches to burnout and professional wellbeing have been criticized for being too focused on support services and not focused enough on the upstream problems of workload, sense of control, flexibility and leadership development.

**This year, we've focused almost exclusively on support and well-being culture, including crisis support.** Engaging individuals requires that we formally address system design so that all three of these levels—support, culture, and system design—are fully addressed.

**The work of academic health care intersects with issues that extend beyond the bench or bedside.** The disproportionate impact of the pandemic on Black and Brown communities, sexism, transphobia, gun violence, and substance abuse all affect the health of our workforce and the communities we serve. These are big problems that require community solutions.

**While the pandemic has revealed deep inequities across our society,** it has also revealed opportunities to get better in our own spheres of influence. We've learned that small nudges in the right direction, happening within hundreds of teams across the organization, move everyone forward. This is the compound interest of shared purpose.

**We can reflect and rebuild** by identifying the parts of our “old normal” that weren't working and take action to create a healthier, more sustainable, and more equitable future.

## Timeline

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**Nov. 1, 2021 – Feb. 28, 2022**

(flex timeline of discussion as needed)

## Talking Points

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**Connect to purpose**—reinforce our shared mission and the integral role each individual plays in our collective success.

**Examine workload**—sponsor efforts to examine and develop structures for manageable workloads: analyze patient panel, case load, redundancy, meeting frequency, training methods, cognitive load, and schedule autonomy.

**Prepare for next crisis**—examine what worked and what didn't; plan for and make system improvements.

## Tactics & Tools

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**Discuss “Rebuild”** at meetings and employee forums (encourage others to share).

**Share** available [resources](#) and provide accommodations for those who need them.

**Sponsor** pilot efforts to examine workload and develop strategies to improve/streamline.

**Conduct qualitative and quantitative analysis** of Covid-19 response to determine best practices to carry forward and opportunities for improvement; publicly share the findings.

**Develop action plans** based on response analysis to address future crisis response.

**Encourage** workforce training in structured problem solving.

# STRONGER TOGETHER

## Resiliency Work Group

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