



## Human-Centered Leadership: Leading in Times of Turmoil

How Healthcare Leaders at Every Level Can Support Their Teams as the U.S. and the World Experience Unrest

### CONTEXT

In cities and towns across the United States, people are marching and protesting the murders of George Floyd, Ahmaud Arbery, Breonna Taylor, and many others. More than this, they are protesting the systemic structural racism that pervades our country. All of this is happening in the context of a global pandemic that disproportionately threatens the lives of minority people and creates a great degree of anxiety and uncertainty. Team members are struggling. In the words of Emily Otiso, a Black healthcare team member in Minneapolis:

*“Yesterday I had to go to work and listen, as one of the only black people in my department, as my coworkers discussed how the protest and rioting were wrong because of how it affects their lives/those communities and how ‘this doesn’t accomplish anything.’ Later on, I spent a good part of my day avoiding conversations in which people wouldn’t ask me a direct question but were clearly looking to provoke some reaction.”*

Health systems and health system leaders have the opportunity to fill the leadership void in this country. Your voice is needed now more than ever.

### A NOTE FROM BRIDGET DUFFY, MD

If not us, then who? What is my purpose? What is our collective purpose? These are the questions I am asking myself as I struggle to face each day distressed by the impact of the pandemic and distraught by the recent killing that has brought glaring light to the inequities and discrimination that are woven into the very fabric of our American society. These latest examples represent only a fraction of the incidents that happen daily across our country and in all of our communities. The time is now for unity and a global voice to provide a beacon of hope to the world and to the children who will lead in our place.

At the start of the pandemic, I wrote about the need to keep humanity at the forefront of our collective response. In the midst of a pandemic and now civil unrest, these guidelines and the need for a compassionate and purposeful response feel more pressing than ever before.

So here, again, is a reminder of the core tenets of our movement to humanize healthcare – and your roles as leaders in your systems, your communities, and across the nation:

- **Be mindful of your own humanity.** Allow your humanity to touch those in need and those with whom you might not agree.
- **Take care of the caregivers.** Address their needs, ensure their safety and honor their commitment.
- **Communicate with empathy.** When we connect our heart to our mind, our words matter more.
- **Use data to build trust and hope.** Remember the human behind the statistics and use that to motivate and inform your actions.
- **Share information, insight, and support.** Selfless connection is the core of humanity. The world needs your leadership now.

The movement to humanize health that we started with the founding of the Experience Innovation Network a decade ago has always been about inclusivity. We led the way in shifting from patient experience to human experience. We have always embraced safety net and military institutions that serve those who are overlooked by systems of power and privilege. We have flipped hierarchy on its head. We think housekeeping, phlebotomists, medical assistants and registration clerks are as important as doctors and nurses and administrators. We are proud that so many of our members have a commitment to diversity, equity, and inclusion and have made it one of their top strategic priorities. Our commitment to you is to grow with you in our understanding and our actions.

Now is the time for us to lead in dismantling the systems and structures that have created inequity. They have led to the health disparities that have been starkly highlighted by the disproportionate impact of COVID-19 on people of color and poor and marginalized people. These are at the center of the current protests.

With leaders like you – those who believe that humanity belongs in all aspects of care and leadership from the bedside to the boardroom – we can ensure that our “new normal” is distinctly different, and categorically better than what we’ve left behind.

My deepest gratitude for your commitment to this critical work.

M. Bridget Duffy, MD

## LEADERSHIP IN TIMES OF TENSION

Leaders at every level of healthcare organizations can and should acknowledge what is happening, support their teams, and move towards a more promising future. We pulled some of the key learnings from our [Human-Centered Leadership Mastery Model Report](#).

### All Leaders: Build your culture of trust and inclusion

- **Ensure the physical and psychological safety of your staff.** Your team members may not feel safe in the world right now. You can help create safety at work. Create opt-in forums where team members can share their fears, anxieties, support needs, and allyship. And, since we’re still in a pandemic, ensure that your teams have access to PPE – [including critical communication tools](#) that enable them to get help in a crisis situation or support in an isolation room.
- **Listen.** Leaders need to listen on two fronts. First, to the people they lead (in the environments they work in) and their feelings, with an ear toward normalizing distress. Second, to the stories that are circulating within and across teams that ascribe meaning to the protests and/or the violence, with an ear toward inclusiveness and psychological safety for all team members. Listening in times of distress may require leaders to ask the kinds of questions that get underneath fear and into empathy, compassion, and perspective taking.
- **Share vulnerably and embrace learning.** Leaders who thoughtfully share their own fears, distress, and concerns grant permission for team members to do the same. White leaders may be fearful of saying the wrong thing. You will. In the words of Culture Amp founder and CEO [Didier Elzinga](#), “Failing, getting feedback, and learning to do better next time *is* the process.” Recognize that your own implicit biases will impact your reactions and share with an openness to learning other perspectives. Your humility and humanity will allow others to teach you as you lead them.
- **Inspire hope; support improvement.** Recommitting to purpose can connect people to their compassion and support well-being. Leaders can and should double down on the meaning inherent in the work of providing care. At the same time, hope without context can sound tone deaf. Human-centered leaders will recognize that heightened awareness of inequities can create an opportunity to foster thoughtful dialog and concrete actions that build awareness, empathy, and cultural humility on their team.
- **Learn about your organization’s resources.** Now is a good time for leaders to look into organizational resources that are available to support and inform all members of the caregiving community. Bring visibility to cultural sensitivity training, inherent bias workshops, anti-racism groups for allyship, or EAP resources designed to help individuals manage stress and distress. And leaders can legitimize and destigmatize use of these resources by sharing their past experiences with them or plans to use them during this difficult time.

### Executive Leaders: Inspire solidarity and hope; support with substance

- **Communicate solidarity, humility, and humanity.** Many healthcare CEOs have issued statements to condemn racism and inequality. One-time responses to imminent crises are expected. Continued commitment to learn, improve, and allocate resources to righting inequities drives trust, change, and loyalty. C-suite executives should plan cascading communication that outlines and updates the organization’s commitment and actions to improve diversity, equity, and inclusion in an enduring way.

- **Examine and plan to address systemic inequities within your institution.** In the majority of health systems, diversity goes down as you go up gradients of power and authority.<sup>1</sup> Words of solidarity will go further if they are coupled with acknowledgment of and plans to address the inequities that exist within the health system. Plans to diversify boards, create more equitable succession planning, and build diversity and inclusion into broader plans across all C-suite responsibilities will have a greater impact than statements of solidarity and reiteration of values.
- **Invest in diversity, equity, and inclusion infrastructure.** The COVID-19 crisis has put most health systems' finances on unstable footing. It may feel like your hands are tied right now, but disruption creates opportunity. As processes get rebuilt and team member responsibilities shift, look for opportunities to build in equity and inclusion. If your organization has a Chief Equity and Inclusion Officer, delay reductions in diversity and inclusion personnel and resources if at all possible. If you don't yet have leaders for equity and inclusion in your C-suite, make sure your rebuilding plans include a clear path to hiring them.
- **Build a plan for lasting community outreach.** Executives' immediate responses may focus on their employees, but leaders should also examine structures in the community that lead to inequities in access and outcomes. This will require a sustained commitment to listening to community voices that includes going directly to where underserved community members live, work, and play.<sup>2</sup>

## CURRENT RESOURCES

In addition to the many excellent resources designed to build a deeper understanding of systemic racism, bias, allyship, and social justice, we found the following recent resources addressing the current situation to be helpful. To save you time, we pulled the key takeaways from each.

### ARTICLES

**New York Times** Opinion: [Check in on Your Black Employees, Now](#). Key takeaways: Encourage self-care; Allow team members to take a mental health day or a lighter workload; Facilitate an in-house [Emotional Emancipation Circle](#), or encourage team members to join one in the community.

**Harvard Business Review**. Organizations can't reform society alone, but they absolutely control their internal investments in diversity and equity. Key takeaways: Free initiatives are nice, but investments create shared value that impacts long-term profitability. While many health systems may not have the funds now, this time of restructuring is an opportunity to [incorporate this list of actionable commitments](#) into plans for the eventual recovery.

**Vox** article: [Police brutality is a public health crisis](#). Key takeaways: "The same broad-sweeping structural racism that enables police brutality against black Americans is also responsible for higher mortality among black Americans with Covid-19," Dr. Maimuna Majumder, a Harvard epidemiologist working on the Covid-19 response.

**Harvard Business Review** article: [U.S. Businesses Must Take Meaningful Action Against Racism](#). Key takeaways: Don't stay silent, become defensive, or overgeneralize. Do acknowledge harms, affirm people's right to safety and personhood, act in alignment with your values.

**Paradigm** blog post: [What Company Leaders Can Do To Address Anti-Black Violence and Racial Injustice](#). Key takeaways: Leaders can and should use their power, privilege, and position to act. Post includes donation links, tips on how to write a company-wide communication and external messaging, and specific actions leaders can take to support Black employees, upskill allies, and build more equitable, inclusive company processes.

**Paradigm** guide: [Allyship in Action - How Managers Can Support Black Employees Right Now](#)

**Modern Elder Academy** Wisdom Well blog by **Dr. Lisa Fitzpatrick**: [Hatred for Black Men is Poisoning America: But Who Will Take The Antidote?](#) Key takeaway: don't apologize for being white. Use your power to drive change.

<sup>1</sup> [https://ifdhe.aha.org/system/files/media/file/2020/03/diversity\\_disparities\\_Benchmark\\_study\\_hospitals\\_2013.pdf](https://ifdhe.aha.org/system/files/media/file/2020/03/diversity_disparities_Benchmark_study_hospitals_2013.pdf)

<sup>2</sup> <https://www.vocera.com/podcast/Lisa-Fitzpatrick-2>

## EXAMPLE COMMUNICATION

**Becker's** article: [8 healthcare leaders respond to protests over racial disparities, excessive police force](#). Key takeaways: Don't stay silent; COVID-19 disparities and racial injustice are deeply linked.

**UCSF Department of Medicine**, letter from **Dr. Bob Wachter**: [A note on race and racism, to the Dept. of Medicine](#). Key takeaway: colleagues need more than empathy; they need active allyship and advocacy.

**Culture Amp**, blog post from CEO **Didier Elzinga**: [To the Black community: we're with you](#). Key takeaway: Failing, getting feedback, and learning to do better next time *is* the process. But acting is the most important part.

## PERSPECTIVES

**Emily Otiso**, a Black healthcare worker in St. Paul, via [Facebook](#) made a striking analogy between protesters seeking justice and healthcare workers seeking PPE. The whole piece is worth reading, but here is the excerpt:

*I see my coworkers beg management for PPE because our lives depend on it. Each time they come back frustrated and feeling like a sacrificial lamb because we aren't asking for much, we are just asking for the right to be safe.*

*The right to be safe is something black communities have been pursuing for centuries. The toll it takes on one's mental health to never feel safe is something we can all relate to during this pandemic. It is exhausting. That exhaustion is something black communities have felt for generations.*

### In Philadelphia:



(Source: Bored Panda)