

Living Your Values in Challenging Times

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Abstract and Key Points

Abstract

The pandemic has created serious emotional distress for healthcare workers. Staffing shortages and a fraught political landscape have made it more challenging for healthcare organizations to honor their core values, while burnout, PTSD, and moral injury have made it more difficult if not impossible for caregivers to live up to their personal values. This article describes the problem and presents seven recommendations for healthcare leaders.

Key Points

1. The pandemic has created unparalleled moral dilemmas for healthcare leaders and caregivers, impinging upon their ability to honor and practice their core values.
2. Healthcare leaders should reassess their organization's core values and the cultural and behavioral expectations they establish, and also encourage individual team members to crystallize and act upon their own personal values.
3. The article concludes with seven recommendations for healthcare leaders to revitalize values in their organizations and in their team members.

Living Your Values in Challenging Times

“These are the times that try men’s souls.”

Thomas Paine

“It is a shame to waste a good crisis.”

Winston Churchill

When Florence Nightingale arrived at the Scutari Barrack Hospital in 1854, conditions were so abysmal that in a letter to a friend she wrote, “surely this is the kingdom of hell.” Over the succeeding two years, the Lady with the Lamp established nursing as a true profession and defined what it means to be a nurse. Less well appreciated today, but equally important, is that in organizing British hospitals during the Crimean War, she created a blueprint for the modern hospital.¹

In their work on applying the lessons of military strategy to business leadership, Sullivan and Harper emphasized the operational significance of values for revitalizing the culture of an organization: “One of the most important lessons we learned during the rebuilding of the Army after Vietnam was the importance of values – a commitment by all soldiers to something larger than themselves.”²

The pandemic has challenged the core values of healthcare organizations, and the personal values of caregivers like nothing before. In the words of an open letter signed by CEOs of Minnesota’s nine largest healthcare systems, hospitals are overwhelmed and caregivers are heartbroken. Thousands of people have left the healing professions, and thousands more intend to do so in the near future, sometimes saying such things as, “I didn’t sign up for this.”

One of the most important things leaders can do to make sure that we don’t waste this crisis is use the challenge as a platform to revitalize the foundation of core values, both for the organization and for individuals. This article will

¹ Tye J. “Florence Nightingale: Architect of the Modern Hospital” *Arkansas Hospitals Magazine*, Summer 2019.

² Sullivan, G. R., & Harper, M. V. (1996). *Hope is not a method: What business leaders can learn from America's army*. New York: Times Business.

consider the impact of the pandemic on our values, or more specifically on the challenge of living those values in a time of crisis, and share recommended strategies for assuring that we don't "waste this crisis."

The ultimate paradox

This is the ultimate paradox: whatever you must need in life will be hardest for you to find at precisely the time you need it the most. It's easy to live your values when you're well rested, the challenges facing you are not overwhelming, and there is minimal temptation to act in ways inconsistent with those values. It's when you're exhausted, overwhelmed, and tempted to quit that is most important, and most difficult, to live your values.

The same thing applies when it comes to organizational values and culture. It's easy to be a great place to work when your organization is well staffed, well-funded, and not seriously challenged. But as Eric Olson has written: "Culture [cannot] be sacrificed in a crisis. A culture left untended will go someplace the leader does not want it to go, and once it does, it's impossible to get back."³ In the midst of a crisis is the hardest time to work on personal values and organizational culture. That is also the most important time to do it.

Nurse managers are experiencing untenable stress levels

A survey by the American Nurses Foundation showed that 34% of nurses are not or not at all emotionally healthy, including 51% of nurses aged 25-34.⁴ In the longitudinal survey conducted by the American Organization for Nursing Leadership, 75% of nurse leaders reported that the emotional health and wellbeing of staff, as their #1 challenge, a 53% increase from July 2020 to August 2021.⁵

In preparing this article, I conducted a smaller informal survey of nurse leaders with whom I have a connection. The survey was responded to by 103 individuals. If anything, it paints an even more dire picture of the situation. As shown in Table 1, when asked how members of their management teams are holding up, nearly one-half of respondents indicated that the current situation is not sustainable.

³ Admiral Eric Olson: "The war on the coronavirus" *McKinsey Quarterly*, June 2020.

⁴ American Nurses Foundation. Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness. Available at <https://www.nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-report-final.pdf>.

⁵ American Organization for Nursing Leadership (AONL) and Joslin Marketing. Nurse Leaders' Top Challenges, Emotional Health, and Areas of Needed Support, July 2020 to August 2021. COVID-19 Longitudinal Study August 2021 Report [serial online]. 2021; 1-12. Available at <https://www.aonl.org/system/files/media/file/2021/09/AONL%20COVID-19%20Longitudinal%203%20Written%20Report.pdf>.

Table 1

How are members of your management team holding up?

A. I have no concern for their ability to meet all future challenges	3
B. They are stressed but holding up well	19
C. The stress of the pandemic is really starting to take a toll	36
D. The current level of burnout is not sustainable	32
E. Unless things change soon we will be faced with significant turnover	13

While there were many positive comments about how nurses have risen to the occasion with compassion and self-sacrifice, how teams have come together and leaders have emerged, many more reflected concern, even despair, with the current state of affairs. Here are several representative comments:

“Staff are facing challenges from difficult interactions with patients and families, coworkers, and support from the community has waned. This difficult environment combined with many staff early in their careers is untenable.”

“I am concerned if we continue to see the surges we will be dealing with significant PTSD and flight from Nursing.”

“We have lost over 50% of our ED and Med surg nurses over the last 2 years.”

“Many bedside nurses are leaving or preparing to leave the field. I have never seen such an extraordinary exodus in the 25 years I have been a critical care nurse. They tell me they don’t feel supported or appreciated both by management and by the community. Many just can’t bear to witness more death and destruction as so many ICU sick covid patients just do not get better.”

“My heart is broken over what has happened to our hospital.”

“Nursing will never be the same. Health care will never be the same. I believe that caregivers will never have the faith they had in humanity and will be much more non-trusting.”

As this survey was running, I administered the same questions to a group of hospital managers who do not have direct responsibility for frontline caregivers. Of these, 63% responded to this question with A or B (expressing minimal concern), compared with only 22% of nurse leaders in their survey, and only 3% responded with D or E (expressing crisis level concern) as compared to 44% of nurse leaders. Also, non-clinical managers were far less worried about incipient turnover than were nurse leaders. While these surveys both have a small sample size, the

variance is emblematic of a disconnect in which the farther from the bedside and the higher on the organization chart one is, the rosier are the glasses tend to be when assessing culture.⁶

The impact of emotional distress on personal values

For purposes of this article, I will use these definitions.

Burnout symptoms include exhaustion, pessimism, and cynicism. General George S. Patton famously said, “fatigue makes cowards of us all.” For the burned out (or burning out) caregiver, core values can degenerate into mere good intentions. It’s hard to care about the patient in a bed when your own body has not seen a bed for too many hours. As one nurse leader responding to my survey said, “Caregivers are exhausted – mentally and physically. Many of the new people entering the work force have not been prepared for the constant challenges they are facing.”

PTSD is the emotional pain that is inflicted by an *external* event or events. This can be trauma directly experienced by the victim or something that one witnesses happening to others. Its onset is often gradual and insidious, and can occur months or years after the traumatic event itself. In his book *War and the Soul*, Dr. Edward Tick writes that PTSD is not a *stress* disorder as much as it is an *identity* disorder.⁷ When a caregiver quits the profession by saying, “I didn’t sign up for this,” it might not be a sign of being over-stressed so much as it is a questioning of their own sense of identity and of their core values upon which that identity is founded.

There are disturbing parallels between what caused so much PTSD among soldiers returning from the Vietnam War and what too many caregivers are now experiencing as a result of the pandemic. One of the contributing factors to PTSD among Vietnam veterans was the way they were largely ignored, and often harassed and abused, upon their return from the war. Today’s pandemic caregivers are being criticized and abused over issues like face masks, vaccination, unapproved treatments, and family visitation. They are being accosted when wearing scrubs in grocery stores. The very people soldiers and caregivers both thought they were there to serve seem to be turning on them. Tactics used by belligerent anti-maskers and anti-vaxxers are reminiscent of the most aggressive tactics of antiwar demonstrators during the Vietnam War.

Moral injury is the emotional pain that is inflicted as a result of the *internal* conflict of being able to honor one value only at the expense of not being able to honor another. At root is what psychologists call double-bind, lose-lose situations. It can result from the choice frontline nurses must make when assigned so many patients they cannot

⁶ Vaughn T, Koepke M, Levey S, Kroch E, et al. Governing Board, C-Suite, and Clinical Manager Perceptions of Quality and Safety Structures, Processes, and Priorities in U.S. Hospitals. *Journal of Healthcare Management*. 59(2 March/April):110-128, 2014.

⁷ Tick E. *War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder*. Wheaton, IL: Quest Books; 2005; 108.

provide optimal care and compassion for any of them. It's the choice a nurse manager must make when having to ask already exhausted nurses to take on another shift knowing what those nurses really need is to go home to their families. Having to choose between the least bad of bad options always requires compromising one's values, one way or another. As one respondent to my survey put it, "We have lowered our standards. With the resources we have it's impossible to provide the high quality care like we did before covid."

During the pandemic caregivers have experienced the discomfort, and at the extremes the moral injury, of having to do things that were not consistent with their personal values. Managers have had to ask already-exhausted caregivers to work another shift. Nurses have had to restrict family members from visiting sick and lonely relatives in the hospital. Emergency department staff have had to board sick and injured patients in hallways because there were no beds available in the hospital. Staff in rural hospitals have had to care for patients that should have been in larger medical centers but there were no beds available, and staff in larger medical centers have had to care for patients that should have been in long-term care but there were no beds available. Caregivers have had to "stuff" their anger toward unvaccinated covid patients who create an extra work burden for them and increase the risk to their own health and that of their families. One respondent to my nurse leader survey said this:

"The use of the terms 'Health care heroes' and 'Heroes work here' were supportive at the beginning of the pandemic, but now referring to health care workers as heroes is de-humanizing and perpetuates placing nurses in situations we cannot physically, mentally, or emotionally be expected to maintain."

A balancing act on the slippery slope of vaccination

In the early days of the pandemic, development of a safe and effective vaccine was the hoped for "light at the end of the tunnel." Unfortunately, politics has trumped science and millions of people have been conned by a widespread disinformation campaign promoted by anti-vaxxers. With a vast majority of Covid ICU patients and Covid deaths occurring among people who have chosen to not be vaccinated, caregivers are placed in an increasingly difficult moral position. As one respondent to my nurse leader survey put it, "We are seeing anger at people (patients) who are not vaccinated. Caregivers are finding it harder and harder to be accepting of everyone's choices when those choices place so much stress on the system and on the caregivers themselves."

Other respondents pointed to the emotional anguish caused when caregivers are criticized or even threatened for promoting vaccinations, and to the way "we are seeing lines drawn in the sand and a division in the units surrounding the vaccine mandates."

This is unprecedented in healthcare. Nurses have never judged cancer patients for having smoked, or head injury patients for having not worn motorcycle helmets. But now many are, in the words of another respondent, "becoming uncharacteristically judgmental of hospitalized anti-vax patients." Leaders will have to walk a fine line between honoring that legitimate anger and not allowing it to negatively impact patient care or compassion.

7 Strategies to reinforce organizational and personal values

Strategy #1: Review and Revise Your Statement of Values

A hospital or health system statement of values should define who you are, what you stand for, and what you won't stand for. It should establish expectations and aspirations. A statement of values stating the obvious – of course your healthcare organization values integrity, compassion, and excellence – does little to differentiate you from everyone else or to inspire pride in your people for working at a place that is not like everywhere else.

Especially in times of turbulent change, it's a good idea to review your values statement and revise it if appropriate. Over the past several decades new expectations have been placed upon healthcare organizations including environmental stewardship, diversity and inclusion, and responsibility for sustaining the health of the community.

Several of the questions in our survey of nurse leaders asked what values they have seen reflected during the pandemic, and which values would they add to the organization's core values as a result of those experiences. The most frequently mentioned values reflected over the past two years was courage, followed by its sister virtues of resilience and tenacity. The value nurse leaders most wanted to see added to the core values defined by their organization related to a commitment to the health and mental welfare of the people who work there.

The reason so many "patient satisfaction" programs fail to have a lasting impact, and the reason so many New Year's resolutions show up dead on arrival, is that they focus on the desired outcomes without addressing the requisite behavior changes and the values that inspire those changes in a meaningful way (Illustration 1).

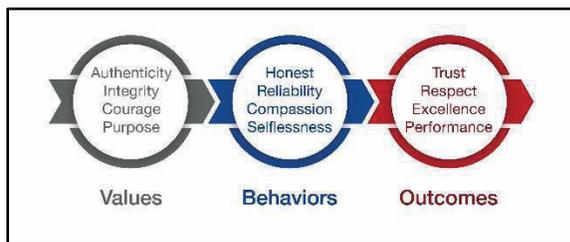


Illustration 1: *The Values → Behaviors → Outcomes Continuum*

In our book *Building a Culture of Ownership in Healthcare* (second edition), Bob Dent and I describe four functional parameters for a great statement of values: 1) they create performance expectations; 2) they establish an emotional connection for employees and patients; 3) they catalyze action; and 4) they align with personal values and

inspire pride in the organization. We also suggest nine questions to ask when creating or revising a statement of values.⁸

Strategy #2: Incorporate Personal Values into Your Continuing Education Requirements

Core values help to shape who you are, what you stand for, and what you won't stand for. The work you do, and the attitude with which you do that work, demonstrates your commitment to those values. They are a guide for life. Most people intuitively have good values, especially those who gravitate to the healing professions. But it is the rare individual who has taken the time to specifically define those values and the behavioral expectations they create. Even fewer have asked themselves the question of how they would make a decision if they could honor one value or another, but not both – the root cause of moral injury. Incorporating formal training on personal values into your continuing education requirements will equip your people to better handle these tough situations.

This is the guiding insight that underpins our work at Values Coach: culture will not change unless and until people change, but people will not change unless that change is inspired by their own personal values. Helping people crystallize and act upon their personal values is one of the best investments your organization can make in sustaining a positive culture in challenging times.

The Twelve Core Action Values, the Values Coach course on values-based life and leadership skills, defines twelve universal values that transcend specific religious belief, political opinion, or ethnic background (Illustration 2). For each of the twelve values, there are four cornerstones that establish the behaviors required to live those values. We use a train-the-trainer model to prepare a core group of trainers to teach the course, and to prepare managers to use it in their coaching and mentoring work.



Illustration 2: Lori Forbus is a Master Values Coach at Midland Health shown here in the Culture of Ownership classroom with an outline of the 60-module course on The Twelve Core Action Values.

⁸ Tye J and Dent B: *Building a Culture of Ownership in Healthcare* (second edition), Sigma, Indianapolis IN, pages 54-55 and 64-65.

Strategy #3: Adopt The Pickle Challenge for Charity

In her book *Moral Resilience: Transforming Moral Suffering in Healthcare*, Cynda Hylton Rushton wrote: “Given that as humans we tend to orient toward the negative aspects of our experience, overcoming the hardship, loss, and despair we experience will require a substantial shift in our mindsets, responses, and actions if we are to embrace the possibility of a growth-producing alternative.”

No one on their deathbed ever says, “I wish I would have spent more time criticizing and complaining.” For most of us, being a critic and a complainer does not reflect the values we wish to live ourselves, nor does it reflect the person we want others to see in us. The Pickle Challenge for Charity is a fun and lighthearted way to encourage people to find the hidden blessing in every challenge and to replace learned helplessness with a bias for action. The hospital or health system selects a charity and then engages team members in pickle jar decorating contests and any number of other creative ways to challenge people to turn every complaint into a contribution.

But remember the paradox that whatever one needs will be hardest to find when they need it most. The problems in healthcare have never been more real and complaints more legitimate. But rather than being helpful, complaining is more likely to start a downward spiral of negative emotions. Group complaining – aka venting and commiserating (co-miserate = be miserable together) – can suck the joy out of the work and the energy out of the people.

One of the decorated pickle jars at a hospital taking the challenge had this message: “Be brave enough to start a conversation that matters.” This is the tough love message for the chronic complainers: If you are really being true to your values, you will stop complaining and replace resentment with gratitude and inaction with initiative.



Illustration 3: The Pickle Squad at Methodist Health in San Antonio, Texas raised \$7,000 for the HCA Hope Fund.

Strategy #4: Show up, listen, and walk the talk

In *The Lord of the Rings*, J.R.R. Tolkien had Gandalf the wizard show up where he was most needed and least expected. especially during a crisis, that's what leaders do. One of the biggest complaints I hear from Frontline

caregivers is that executive leaders rarely if ever show up in their units, and if they do it's usually with a few scripted questions, not to listen to real concerns. The best way to show that you care is to show up and really be there.

Strategy #5: Re-recruit and re-orientate your entire team

Once people are able to gather in groups again, re-recruit your entire team – every person in every department – and have a new new employee orientation to signal a new day for the organization and a recommitment to your values and your culture.

Strategy #6: Prepare to Care for Covid's Emotional Long Haulers

“The COVID-19 (Covid) pandemic is like Halley's Comet, which blazes a path across Earth's sky once every 75 years, pulling a long tail in its wake, a spectacle someone might see once in a lifetime and will never forget. Long after Covid has become an endemic disease against which a growing number of people will have some level of immunity, the pandemic will leave behind a long tail of personal grief, emotional trauma, career and financial dislocation, anger and anxiety.”⁹

For many Vietnam veterans, PTSD did not set in for years or even decades following their return from the war. Then it took years or decades to bring under control (if then). There is every likelihood we will see something similar with caregivers who have suffered moral injury and emotional trauma during the pandemic – PTSD will set in insidiously, perhaps long after the pandemic has ended.

“I think nurse leaders will have to continue to deal with the effects of this pandemic in ways that will be delayed. I think we will see a higher rate of burnout, resignations, and leadership gaps in the next year as the pandemic starts to level out and the impact sets in.”

Strategy #7: Inspire hope

In his classic book *The True Believer* Eric Hoffer wrote that anyone who would change the world, or a corner of the world, must have the ability to “spark and fan an extravagant hope.” Anyone who utters that inane platitude that “hope is not a strategy” should be reminded that without hope, even the most brilliant strategy is doomed to failure. During a crisis, inspiring hope is leadership job #1.

⁹ Tye J, Long K, Blake N, Luu A, Tye A: Caring for Covid's Emotional Long Haulers” *Nursing Management* in press

One of the greatest survival stories of all time is the way Ernest Shackleton led his crew through two years of desperate isolation stranded in the Antarctic after their ship *Endurance* had been crushed by the ice. In the movie version, Shackleton – played by Kenneth Branagh – confronts the ship’s carpenter who has been spreading doubt and pessimism. Shackleton gets into the carpenter’s face and screams, “no one is going to die!” In many ways, that was an inflection point in their trials. They still faced many hardships, and Shackleton was brutally honest about what lay in front of them, but he never allowed his men to lose hope that they would all make it home alive. And they all did.

Conclusion

Healthcare will never be the same. More than one respondent to my nurse leader survey made that comment. Much damage has been, and is still being done, to the system and much pain has been caused, and is still being caused, to the caregivers who make the system work. Some of that damage will be permanent and much of that pain will be long-lasting. One positive thing that can come out of this crisis is a recommitment to our values, both in our organizations and in our personal lives.