Pandemic Recovery and Resilience - Planning for a healthier health workforce

[introductory music]

Jennifer Zelmer: I'm Jennifer Zelmer, CEO of Healthcare Excellence Canada. This podcast captures key takeaways from our Spotlight Webinar Series. The series connects people to have conversations with a purpose, addressing some of our most pressing challenges in healthcare.

This episode is based on the July 6, 2021 webinar on planning for a healthier workforce in the context of pandemic recovery and resilience, focused on the people who provide care, the core of our health system. I was in conversation with Christina Krause, CEO of the BC Patient Safety & Quality Council; with Scott Malcolm, Brigadier-General and Commander of the Canadian Forces Health Service; and with Gillian Kernaghan, CEO of St. Joseph's Health Care in London, Ontario. The full recording is on our website at healthcareexcellence.ca.

Before we turn to the conversation, I would like to begin, as we always do at Healthcare Excellence Canada, by honouring the traditional territories on which our staff and partners live, work, and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we all enjoy today. As we get started, I invite you to reflect on the place you're listening from, lands that have been walked by indigenous peoples since the beginning.

Three amazing perspectives for our conversation today. Christina, I'm wondering if I can start off with you because I know you and the Council have been thinking a lot about pacing over these next phases. I wonder if you can talk a little bit about that.

Christina Krause: I think, as I was reflecting, even during Wave One, and each of the waves from an energy standpoint were quite different. Wave One, the number of our cases wasn't actually that high. I've heard some people say-- Well, we weren't seeing a lot of patients in the system. The workload wasn't heavy, but the reality is the fear of unknown, trying to sort out the PPE, trying to determine what we needed to do without a lot of information actually was a significant energy sapper.

They pull on the energy sources, that happened to people, was just coming from a different place rather than a traditional workload of seeing patients. As we came out of Wave One and went into Wave Two, what was interesting for me is that, for many of us, at least here in British Columbia, the focus then became on a restart and catch up on the care that we didn't provide during Wave One. I think a lot of the public had a bit of a reprieve from COVID last summer. People sort of were able to do a bit more things. It was a bit of a break from the pandemic. The people who were working in the system did not because we had that.

Then we went into Wave Two. We had more information, we had more knowledge, but the volume was greater. Then, we had a little bit of excitement from vaccines were coming, and then Wave Three hit, which, as many of you know, was certainly the biggest. I think, by then, we were well over a year into this. A couple of things strikes me in that. We know that if we try to be productive for too long without perpetual rest, there's a consequence to that. That consequence is typically burnout.

We had burnout experience in our system pre-pandemic. We went in into the pandemic with many staff who were already feeling in that place. Burnout can happen from a number of reasons. It can come from the type of work we do. It's not just always I'm working long hours or I didn't get my rest time. There's a number of sources of energy that we know fuel us, from sense of purpose in the work that you're doing, from the content of the work that you're doing, do you enjoy it, are you challenged by that.

We also know that intellectual energy is a source, social energy, feeling connected to people, I heard a lot of that, just by being behind masks in staff rooms, not being able to gather in ways that we had, we lost that social energy which was a fuel source for us to do our work. We took away some of those fuel sources but then also had a heavy workload. The consequence to that can be great. Often when people think about rest and recovery, they focus on are people getting their vacation time, are they working long hours, are people even getting a lunch break.

Those are important, but rest and recovery also can come from the type of work you do. I think one of the things that has also struck me is I'm hearing about, just around the type of work that people are doing, many actually shifted what their roles were. We actually redirected many people into different jobs. That from a short-term perspective actually can be exciting, it's something different, but it actually became a new norm.

If you think about, we're almost 18 months into the pandemic, many of those people didn't go into work to do those types of roles. I'm hearing now is a lot of people saying, "I want to get back to the work that I want to do because I'm not finding the joy in work in this new role that I had to be redirected into, which was necessary." There are many, many contributing factors that we have right now.

I think the biggest worry I have is that if we are not purposeful around, yes, rest, but also recovery in terms of thinking about the type of work we're doing, how are we building social connections, how are we looking at those different energy sources that exist and actually creating an environment that creates those fuel sources rather than fuel sappers so to speak, I think that we will be in trouble.

Does it mean that we actually just put a pause on any redesign or improvement initiative so that we just deliver the care. We can't tell the patients, "We need a break. Just stop coming in." They will continue, but we can actually reduce the workload purposefully by perhaps, say, in the next three or four months, we're putting a pause on anything new just to create that space. We can

also look at the type of work that people are doing and start to have conversations around that. There are I think opportunities for a way forward, but I think it's about also understanding what is it that is contributing to that need, and it isn't always as simple as people working long hours.

I know people who haven't had a day off since the beginning of this and certainly among senior leadership. I think I have a colleague here in BC, who I think has had one day off since the start of the pandemic. That is big, but it's beyond that, so as we think about the way forward and how to be purposeful in that, we're going to have to be broader in understanding about what drives energy at work so that we can actually create a new workspace. I'll stop there, Jen, and see if that answered your question or perhaps Scott or Gillian have things to add to that.

Jennifer: Maybe I can pick up that thread and actually toss it to you, Scott, because, Christina, you were talking about the need to be purposeful. That is something, and Scott, as you and I've had previous conversations, the military has a history of operations and some different kinds of thinking about what do you do pre, what do you do during, what do you do post in a more purposeful way. I'm wondering if you can share a little bit of your experience from that perspective and what's been successful.

Scott Malcolm: Sure. Thanks very much, Jennifer. As a federal employee, I have to start with my standard disclaimer that the views that I'm about to share will be those of Scott Malcolm and not those of the Canadian Armed Forces or the Government of Canada. The other disclaimer that I have to share is that the response to the pandemic should have fed into one of the strengths of the Canadian Armed Forces.

Folks are trained from day one in basic training for sustained operations. That's how we approached the planning here, whether we go back even to pre-Wave One with the planning of the repatriation flights from folks out of Wuhan, China, or into the long-term care facilities or the vaccine rollout and the numerous other supports that we've provided nationally.

What does that mean that we're trained for operations and by identifying it? Well, what it does is it allows us to separate it from routine day-to-day operations. It's signalled right off the bat as something different. Even the fact that I'm wearing this dress right now, which for many of you, may not seem like such a big deal, but this is our operational dress, and really since we've been in the pandemic, the signal to everybody was, "Hey, we're recognizing that this is a unique time, acknowledging that it's not the normal." Really it set us up for a number of the other things that we do on operations that we may not do on the standard day-to-day.

What we do on operations is create some leadership redundancy. We're reliant on folks that can come in and fill in in acting roles behind ourselves. What that creates is either short-term reprieve opportunities, whether you call them an R&R, rest and relaxation, or an opportunity to take a week of leave, just to give people either a mental break or a physical break or both.

When we go into operations, we go in thinking, "What are our measures of success? What are our exit criteria going to be?" Again, not something that we would necessarily consider on the day-to-day routine, but it shifts our mentalities. For our missions overseas, we had developed these decompression periods of time, and in fact, we used these for our folks coming out of the long-term care facilities.

It was modified obviously because quarantines were required, but it was something that we put in place. We talk during those periods of time around our Road to Mental Readiness Program, which talks about resiliency, getting a feel for what people experienced, and helping to normalize their feelings coming out of that. Specific to our long-term care facility deployment, we had psychological support available for the teams there via padres and social workers.

Then we also have a deliberate use of vacation or leave planning at the end of the missions. As I said before, during with the use of the acting folks will also reinforce things. Again, this is part of the Canadian Armed Forces' culture around physical fitness and stressing that importance even though you're on operations. I think these are things that, again, are germane to the Canadian Armed Forces. I think there are some things that could be shared across. Now, certainly, that's not to say that we haven't burnt people out because certainly my subordinates would call me out on that. We've still got lots to learn here.

This has been a challenge across the board. I think with the needs-based approach that we've taken, we were able to shift and utilize other folks, trying to preserve some capabilities. Then the other piece for us is we've been transparent upfront, both within the Canadian Armed Forces and truthfully with the government about what it is that we could and couldn't provide. I think building that narrative over time will allow us to carry that narrative forward hoping to set limits, as Christina said, limits on new initiatives that may be requested of us in order to build that period of recovery for us. I'll stop there and hand the floor back to you, Jennifer. Thank you.

Jennifer: Thanks, Scott. Maybe we can transition to you, Gillian. Scott talked about the fact that they're doing things that are different than normal, including wearing different uniforms, and obviously, the uniforms may be different, but you're sitting in a different space than you would normally be. As you think about compassionate leadership during this time of the pandemic and looking forward, and picking up on one of the questions in the chat, what's changed in terms of your leadership approach or what's changing?

Gillian Kernaghan: When I think about the term compassionate leadership, there was phrase in Wave One that was very prevalent on social media, talked about, "We're all in the same storm but not all in the same boat." When I think about that phrase and think through with our staff, our staff didn't experience the pandemic the same. We all lived it, but we experienced it very differently. There were people who had young children, who were now working from home and trying to balance young children.

There were people who couldn't work from home but had young children at home, but they had to figure out how to care for because they are people who, their job doesn't lend themselves to working from home. We had people who were redeployed into places that were scary. We had some people who refused to be redeployed, they just couldn't manage that, but others did and saw it as a growth and rewarding experience.

As Christina said, we have leaders who have gone on for a year, and every time they tried to take a day off, something else happened that pulled them back into work. People's experience, if I think about our physician workforce, we had some who were very busy and some who literally didn't have a lot to do in some of the waves because we canceled a lot of surgeries, procedures, so their income was substantially impacted. We have staff members whose family members were laid off or lost the job. They were now called upon to be the breadwinner in the family.

The experience, I think compassionate leadership is understanding that we've all experienced it differently, and our patients have experienced it differently as well. When they come, they may not be as patient as they were because they're stressed, their surgery may have been canceled two or three times and they're waiting and they're scared because they're not sure if their cancer has spread while they were waiting. Compassionate leadership is about understanding that we have had different experiences and how do we make space for people to be able to share that.

One of the things that we have, among many other things that we've put together in the organization, we did have a Care and Engagement group of frontline staff who we did all kinds of creative things. They would put out a monthly calendar of activities to do, competitions with prizes, and lots of our staff engaged in that. We had photo opportunities where people picked a picture of something that brought them comfort.

One of the neat ones that we've started is a resiliency project where we've asked staff to write, whether that's through poetry or narrative, and we brought in someone to teach people about narrative because healthcare is a narrative profession. We invite people to tell us their story, we draw alongside them, and we hopefully help improve their story as best we can as care providers.

We invited our staff to engage in a narrative project where they can share their experience in their words. We're going to put that together and put that into either an ebook or some kind of a publication for our staff. To be able to share the fact that we all had different experiences during the pandemic. I do believe compassionate leadership is about allowing people to tell their story and share and find their own voice.

As I think about recovery though, it is I think, as Christina said, how do we give people space and how do we make sure that we give people time to recover? For me, I'm somebody who very strongly feels there needs to be boundaries between work and home life. We lost those boundaries during the pandemic, and as leaders, we need to reestablish those boundaries of,

unless it's a crisis, we don't expect people to respond on weekends and nights. We need to put those boundaries back into work. We also need to give people space and get people away and not expect them to respond. Give them permission to shut off and not respond to emails and not be available by phone because they do need to unplug.

For our political leaders in Ontario, we are looking at election next spring. One of the things, as a regional influencer-- Really try to push the fact that there should be not any expectations over the next two to three months of doing incremental volumes, let us get back to the volumes we did before, but don't look to do recovery volumes till the fall when we can slowly ramp up but give people space.

Don't expect to start brand new, exciting initiatives in order to have stories to tell for an election because people we serve need their services recovered. That should be our primary focus over probably next year to 18 months, is to really put those volumes back, do incremental volumes to serve our public. They're looking for care. That's compassionate leadership, to really say no and learn to say no. That's sometimes hard, particularly in the political climates, but I think we need to collectively say no to a lot of other major initiatives and allow people to heal but allow us to serve the people who are looking to us for care.

Jennifer: Thanks so much, Gillian. Thank you, everyone. Really appreciate it. Hopefully everyone has a chance to get the restoration and renewal that we all each need.

Thanks for listening. We hope you enjoyed this episode and that it whetted your appetite for more. To watch the full webinar or learn more about Healthcare Excellence Canada, visit our website, www.healthcareexcellence.ca. You'll also find many other virtual learning opportunities, including past Spotlight Series webinars on topics such as indigenous racism in healthcare and lessons learned in palliative home and community care during the pandemic, or you can access a range of resources and opportunities to shape the future of healthcare quality and safety together. I'm Jennifer Zelmer. Thanks for tuning in and talk to you next time.

[closing music]