

## COVID Corner 4

### Building Resiliency through COVID-19

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Resiliency, or *the ability to bounce back in the face of adversity*, has always been critical to the success of any leader<sup>i</sup>. When the going gets tough, as they say, the tough get going, right? In fact, recent research suggests that over 50% of those that are confronted with serious, unanticipated adversity experience “post traumatic growth”<sup>ii</sup>. They don’t just survive, they thrive!

In terms of leading in the Canadian health sector, resiliency is seen as an essential element under normal circumstances, as healthcare organizations and their leaders experience ongoing economic, political, and other shocks to the system. That said, it is fair to say that the COVID pandemic is testing our resiliency as health leaders like never before. In this blog on *Leading Thru COVID*, I discuss what we are learning about resiliency as we go and the beginnings of a framework on how to build resiliency.

**Defining resilience:** Resilience is widely acknowledged as an essential quality of effective leadership and is widely defined as “the ability to bounce back from adversity, frustration, and misfortune”.<sup>iii</sup> In the literature, depending on the source, qualities associated with resilience are described in multiple ways. For example, it is a quality comprised of many elements of character: integrity, adaptability, patience, and courage just to name some.

Ledesma (2014) identifies several variables characterizing resilience in terms of moving from just surviving to thriving through adversity. “These variables include positive self-esteem, hardiness, strong coping skills, a sense of coherence, self-efficacy, optimism, strong social resources, adaptability, risk-taking, low fear of failure, determination, perseverance, and a high tolerance of uncertainty”<sup>iv</sup>.

In a recent webinar (“Joy and Resiliency: in a time of pandemic”), the CEO of Alberta Health Services (AHS) Dr. Verna Yiu identified some key qualities of highly resilient leaders.<sup>v</sup>

- 👉 Practice distributed leadership: Relinquish control. Rely on others.
- 👉 Practice compassionate leadership: For patients, colleagues and yourself.
- 👉 Practice gratitude: “There is no joy without gratitude”<sup>vi</sup> Keep a gratitude journal.
- 👉 Practice being optimistic, while facing the harsh facts. See Jim Collins on Stockdale paradox at <https://www.youtube.com/watch?v=GvWWO7FgkQY>.
- 👉 Practice curiosity-based leadership: Put faith over fear – “trust your inner voice”!  
Practice ‘authentic leadership’: Stay true to yourself.

Drawing on the New Zealand experience (where leaders went “hard and early” on COVID-19), the Saskatchewan Health Authority (SHA) has put together a similar, although more detailed checklist for helping cope with COVID.<sup>vii</sup> The checklist has two basic dimensions, the individual and the organizational.

**Building individual resilience:** First, *grow mindfully*: be aligned; be positive; be focused; be flexible; be organized; be proactive; be healthy. Second, *grow intentionally*: stay true to core values; show genuine concern; be accessible; be humble; be honest and consistent; tackle awkward questions; use a coach approach to learning.

**Building organizational resilience:** creating forums for learning together; sharing the same picture of the future; engaging team fully; building strategic partnership, alliances and networks; creating collaborative teams.

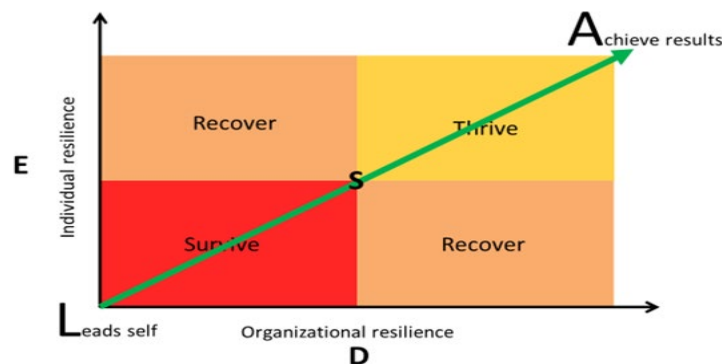
Ledesma, Coutu and others suggest that in order to move from just surviving or recovering from a shock (like COVID) to thriving, organizations need to do their part in building resiliency. In addition to the *Lead organizationally* checklist mentioned above, resilient organizations make contingency or emergency planning a priority. This, in turn, means engaging the senior leadership in growing organizational resiliency as a priority.

Not unlike EQ, recent research suggests that resiliency can be developed, strengthened or stretched. “Resiliency is something you DO versus something you have... like a muscle, it can be strengthened over time”<sup>viii</sup> It is a trait, not a state and is 100% “learnable”<sup>ix</sup>. Some research suggests it is all about building up your AQ or “agility quotient”<sup>x</sup>.

The *LEADS in a Caring Environment* framework can be used as a foundation for building resiliency to help get us to the “next normal” at both an individual and the organization level used by both AHS and SHA.

**Resiliency Matrix:** The LEADS-based *Resiliency Matrix* in Figure 1 reflects resilient leaders who see adversity as a challenge and willingly take on smart risks, focused on results, but knowing that with failure comes an opportunity to learn.

Figure 1: Resiliency Matrix: - From Surviving to Thriving



1. Adapted from Ledesma J. (2014). Conceptual Frameworks and Research Models on Resilience in Leadership. SAGE Open, July-September; 1-8.

The matrix has four quadrants reflecting the interdependence of organizational and individual resiliency (see below). The lower left quadrant describes *low resiliency*, where individuals lack confidence in themselves and the organization the work it does, for example, not take contingency planning seriously enough. It reflects those who survive (or not) a shock or disruption. The upper right quadrant or *high resiliency* quadrant describes those individuals and organizations that intentionally work on resiliency allowing them to move from not just surviving but to thriving through a crisis. The other two quadrants, or *recovery levels of resiliency*, reflect leadership environments where one dimension or the other is missing or weak.

Research suggests that the first step in building resiliency involves leading self and building self-awareness (the “L” in LEADS). More specifically, building resiliency is embedded in the *Demonstrate character* capability of LEADS. “Resiliency comprises many other elements of character, including integrity, adaptability, patience and courage”<sup>xi</sup>. The vertical axis of the Resiliency Matrix shows the need for all leaders to take responsibility for what they do not just what they say (“walking the talk”). Yes, you may also be CEO of the organization, but if you can’t lead self or don’t have the confidence in yourself to deal with an unwelcome disruption, you can’t look to others to follow.

The Stockdale Paradox helps better understand this dynamic. Vice Admiral Stockdale was the senior ranking officer at the ‘Hanoi Hotel’ during the Vietnam war and was a POW for 7 years, being tortured multiple times. When asked how he managed to get through this and come out even strong, he replied: “*You must never confuse faith that you will prevail in the end—which you can never afford to lose —with the discipline to confront the most brutal facts of your current reality, whatever they might be.*” As the Stockdale Paradox underscores, when facing a crisis, you need to have confidence in yourself that you will prevail and, if you are in a formal leadership role, inspire others to leverage up core positive strengths through the lens of *Appreciative Inquiry*.

What can individuals do to increase their resiliency? Effective methods include welcoming feedback through, for example, regular, confidential 360s and/or working with an executive coach. You can request to meet informally (e.g. regular bilaterals) with your supervisor or Board chair. You build personal and professional networks that can help you get back on course or back on the horse. Resilient leaders are always looking for new challenges that take you out of your comfort zone: *opportunities to grow, to learn, to contribute and to feel valued.*

Resilient leaders engage honestly and regularly with their teams. They nurture personal and professional networks. They have a strong personal vision and stay focused on their own “north star” within the overall context of organizational resiliency. According to the Mayo Clinic<sup>xii</sup>, the most important exercise for improving your personal resilience is to train your attention and awareness. “Becoming more intentional and purposeful will decrease your negative thoughts and draw your attention to what is most meaningful around you.” Or, as our Intrepid retiring co-chair of CHLNet is fond of saying: resilient leaders “focus and finish”. And know that “when you’re riding a dead horse, get off”! As mentioned above, being more intentional and mindful can also substantially decrease

your stress and anxiety while enhancing your overall quality of life.

In terms of *organizational resiliency* (horizontal axis), once senior leadership is engaged, the literature points to several enabling factors. The first is to recognize that leadership development throughout the organization must be a priority. Second, resilient organizations do not see strategic planning as an outcome but as a process. The process reflects system thinking that takes us from the “L” at the origin of the matrix along a zig zag course (not a straight line) guided by a clear and compelling vision for a better future: the “A” or Achieve results at the top, right of the *Resiliency Matrix*.

We also know that good governance is key, where good governance goes behind the fundamentals of fiduciary and strategic roles of a board to embrace “generative governance”<sup>xiii</sup>. This includes building strategic partners, alliances and networks in keeping with the first principles of “carpooling”: sharing the same destination; sharing the same values; sharing the risks (financial, legal and reputational), sharing information (over-communicating during times of crisis); and, above all, sharing the credit when successfully addressing the leadership challenge.<sup>xiv</sup>

To conclude, if the two elements of resiliency snap together, through regular trips to the leadership “gym”, organizations can look to not just surviving or recovering (where recovery means just a return to baseline or “normal”) from an unwelcome shock to the system, but actually come out the other side as Vice-Admiral Stockdale did, stronger and more prepared for the next shock to the system.

We welcome feedback on this and the other editions of COVID-Corner. If you know of other models of building resiliency, we would love to hear from you!

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<sup>i</sup> Coutu, D.L. (2002) “How Resilience Works” Harvard Business Review (May 2020)

<sup>ii</sup> Purcell, J. (2020), “Resiliency: The Key to Future Business Success: <https://www.forbes.com/sites/jimpurcell/2020/09/14/resilience-the-key-to-future-business-success/>

<sup>iii</sup> Ledesma, J. Conceptual Frameworks and Research Models on Resilience in Leadership. SAGE Open, July-September 2014 pp 1-8

<sup>iv</sup> Ledesma, J op. cit page 1.

<sup>v</sup> Yiu, V (Oct 18, 2020) Joy and Resiliency: in a time of pandemic, Fellowship in Health Systems Improvement, School of Public Health, University of Alberta)

<sup>vi</sup> Brown, B. <https://www.youtube.com/watch?v=lgKtDxbDt7k>

<sup>vii</sup> Saskatchewan Health Authority op.cit. (2020)

<sup>viii</sup> Saskatchewan Health Authority (2020) Wellness and Resiliency Initiative: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/resilient-workplace/healthcare-workers-wellness-package>.

<sup>ix</sup> Purcell (2020), op.cit.

<sup>x</sup> Gottfredson, R. (2020) <https://ryangottfredson.com/blog/2020/04/06/agility-quotient/>.

<sup>xi</sup> Dickson, G. and Tholl, B (2020). Bringing Leadership to Life in Health: LEADS in a Caring Environment. Springer (p. 92)

<sup>xii</sup> Mayo Clinic “Smart Management and Resiliency (SMART) Program: <https://mcpa.memberclicks.net/assets/ETI2014/PresentationHandouts2014/finding%20serenity%20amidst%20the%20storm-stress%20management%20and%20resiliency%20training.pdf>

<sup>xiii</sup> Pew Trust Foundation

[https://www.pewtrusts.org/-/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/pew\\_fund\\_for\\_hhs\\_in\\_phila/governance20as20leadership20summary20finalpdf.pdf](https://www.pewtrusts.org/-/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/pew_fund_for_hhs_in_phila/governance20as20leadership20summary20finalpdf.pdf)

<sup>xiv</sup> Dickson and Tholl (2020) Op. Cit. (Chapter 8; p 148).