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Heart of Safety Coalition

Insights Huddle recap

April 2024

Mitigate leader loneliness

Our sincere gratitude to Jennifer K. Clark, MD, palliative care physician, consultant and author, Patrick Kneeland, MD, VP Medical Affairs, Dispatch Health, and Jennifer Krippner, Chief Experience Officer, Institute for Healthcare Excellence (IHE), for leading our Insights Huddle on leader loneliness. Thank you also to participants who asked questions and shared insights. Below is a summary of the discussion, which focuses on IHE's report, The Power of Connected Leadership.

Key premise: Research suggests that healthcare leaders are not experiencing burnout in the same sense that frontline team members are. Often, they experience a recurring cycle of loneliness that leads to isolation, reduced self-care, compromised decision making, team stress and more isolation. Like burnout, leader loneliness is a manifestation of system dysfunction, which means its mitigation lies in system changes that create leader connection and allow leaders to **embrace their roles, responsibilities and relationships** in a way that supports their thriving and their teams' ability to thrive.

Topic summary:

- Loneliness is equivalent to hunger. It's a primal psychological response to a fundamental need going unmet. Loneliness leads to hypervigilance and nervous system dysregulation.
- Leader loneliness is different from burnout. Research shows a phenomenon of self-devaluation without burnout. The root cause appears to be isolation and loneliness.
    - Busy-ness leads to loneliness leads to more work leads to reduction in sleep leads to compromised decision-making and a reduction in competence and intrinsic motivation.
    - Reduction of sleep and increase in work effort is a key indicator.
- When leaders don't sleep and experience loneliness, teams feel less psychologically safe.
- When looking at system challenges, it's a trifecta: Leader loneliness, team member burnout, patient harm.
- Leadership puts people in the position of being an N of one. This makes creating community difficult.
    - Senior executives are the only ones in their positions (**roles**).
    - Senior and mid-level leaders may have peers but are often put in positions where they compete for resources and/or opportunities (responsibilities).
    - Isolation manifests in both personal and professional connections (**relationships**).
- Leader loneliness manifests at every level of the organization. However, there are fewer studies on the impact on lower and mid-level management.
    - Indicates that training for emerging leaders needs to include support for loneliness in addition to creating purposeful structures for leadership connection.
    - Mentorship across the development continuum is essential.
    - Create communities of practice – within and across organizations.

- Leader loneliness leads to organizational languishing, which makes the organization less resilient to other stressors.
    - Loneliness reduces creativity, engender analysis paralysis and rumination. It also causes leaders to focus on the letter of the law rather than the spirit of the law.
    - Decision and resource constraints can lead to moral distress.
- Three areas for exploration to **reduce leader loneliness and support the human experience.**
    - Efficiency: We need to streamline individual experience and organizational design.
    - Empathy: Support the ability to connect and engage in course of daily work – experience each other as human beings.
    - Energy: Promote elements of interaction that create enthusiasm and renewal.
- Example solutions:
    - Mentornship – facilitate and create formal spaces to connect within and across organizations.
    - Build relational skills alongside technical skills. Allow teams of leaders to practice with each other.
    - Build human-centered design skills to hardwire human connection into system design.
    - Design leader huddles to facilitate connection, reduce email exchanges and minimize one-off meetings. These huddles also help build trust and respect when intentionally designed to do so. Ideally, these are done in person as much as possible.

Discussion summary:

- The concept of leader loneliness resonated deeply with attendees. It names a feeling that leaders understand and experience. One attendee shared, "Now that I can name it, I can manage it. If I don't acknowledge it, I can't wrestle with it."
- Integration of personal and professional selves (work-life integration) allows people to bring their whole selves to work.
    - It requires embracing vulnerability and balancing that with professionalism.
- It's challenging as a leader to have a true confidante. Perhaps we need more communities of practice, or to seek peers at other organizations – or even other industries. And sometimes an administrative partner fills that confidante role.
    - Learning information that can't be shared with people it affects is isolating.
    - The balance of relational responsibility and fiduciary responsibility is challenging.
- Clinicians who move into leadership roles may find they are no longer trusted by their colleagues, but they are also not trusted by leaders above them because they are viewed as "too much of a clinician."
- Value sets persist across roles: the desire to be authentic, connected, etc. But sometimes responsibilities create conflict that challenges core values. This amplifies feelings of isolation and loneliness.
- Differences in gender, race, ethnicity, etc. and their impact on leader loneliness, as well as differences at different levels, are areas yet to be uncovered.

Additional resource

- Caring Greatly podcast episode on leader loneliness with Jennifer Clark, MD

If you have topics you want to learn more about or best practices you want to share to help others protect the safety and wellbeing of healthcare team members, please email **HeartofSafetyCoalition@Stryker.com.**

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing pillars of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.