



**Regulation Matters:
a CLEAR conversation**

Episode 55: Employee Support through Mental Health, Wellness, and Mentorship July 12, 2022

Line Dempsey: Welcome back to our podcast, Regulation Matters: a CLEAR conversation. Once again, I'm your host, Line Dempsey. I'm currently the chief compliance officer with Riccobene and Associates Family Dentistry here in North Carolina. I'm also CLEAR's president-elect.

As many of you are aware, the Council on Licensure, Enforcement and Regulation, or CLEAR, is an association of individuals, agencies, and organizations that comprise the international community of professional and occupational regulation. This podcast is an opportunity for you to hear about important topics in our regulatory community.

On today's episode, we're going to be previewing some content from the upcoming Annual Educational Conference in Louisville, KY. The plenary presentation during the conference is titled "Be the One: How Great Leaders Bring Out the Best in Others." We'll get to hear from our plenary speaker, Ted Ma, a little later in today's podcast episode. Ted, first of all, thanks for being with us.

Ted Ma: Thanks for having me!

Line: Great! We look forward to hearing from you in just a bit. And to start things off on today's podcast, we'd like to preview one of the sessions to be offered at the conference in September.

The topic is going to be mental health and wellness in nurses and healthcare workers. After the last two plus years, this is certainly a topic of utmost importance. Today we have with us Abby Migliore with the Alabama Board of Nursing. We're glad to have you with us today; welcome.

Abby Migliore: Hello, Line; and I'm excited to be here.

Line: Well, we're certainly glad to speak with you as well. And also, let me thank our listeners for joining us today. So, the COVID-19 pandemic has changed lives worldwide, but none more than those of healthcare workers, requiring identifications of treatments for new illnesses, management of unprecedented levels of acuity and patient loads, and infection prevention for the workers

themselves. You know, obviously I work in the healthcare industry; it's affected us significantly as well.

So, Abby, the title of your presentation refers to mental health *and* wellness. Is there a difference between these two terms and, if so, how would you define them?

Abby: Yes, Line, you're absolutely right. COVID-19 forced many of us to have to rapidly change how we thought or went about daily lives, which can cause increased stress and just feeling of being overwhelmed. You know, just as I say that, it brings to mind several things in my own life that are now very different than before the pandemic occurred.

Healthcare workers not only experienced this at home, but also really extensively at their work. Mental health can be looked at as the absence of mental illness or the ability of a person to cope with their normal life stressors and the ability to positively function.

But one article that I came across that I really think made a wonderful distinction between mental health and mental wellness was published by Global Wellness Institute, and it was titled "Industry Research: Defining mental wellness vs. mental health." The author details that mental wellness is really an active process that helps a person react to situations, allows them to have positive feelings, assists them in developing positive relationships with others, and it really allows them to build that resilience, grow, and even flourish. I think it's important to stress that mental wellness should be looked at as this continuum. Or, as things happen in someone's life, they may change how they feel or even react. And the person's state of mental wellness will usually determine how well the person is able to cope or react to these events as they may occur or change in someone's life. Obviously with COVID-19, we all experienced that.

Mental wellness does not mean you have to feel happy or perfect all the time. It's really that resources or tools that we have to help us to deal with events and may range from being the minor everyday occurrences or really major life-changing events.

Furthermore, ignoring these mental health concerns can really have these devastating effects to include burnout, an overwhelmed healthcare community, and even really that rise in possible suicide rates among healthcare workers.

Line: Well, I definitely want to touch on some of that stuff too. I know it's certainly affected me over the last two and a half years. But you know, anecdotally we hear a lot about incidences of stress and strain in healthcare workers. What are healthcare workers themselves actually reporting?

Abby: Line, I'm really glad you asked that question, and you're exactly right. You've probably experienced it with healthcare; maybe people who are listening have also felt different ways or felt these experiences.

Really, a high number of healthcare workers are reporting just increases level of stress among several

other areas of concern. Mental Health America performed a recent study that was conducted from June to September 2020, and they had over 1100 healthcare workers respond. They were asked to list, in last three months, which feelings had they been regularly experiencing. And they could check all that apply.

There were several feelings listed, so I don't want to go through quite all of them on this podcast, but some of the top five feelings that were listed were that almost 93% of the people who responded reported that stress or that increased stress - 93%! And approximately 86% reported anxiety.

Now the next three listed on that were all above 75% or approximately around that 75% of the respondents reported frustration, exhaustion and burnout, and just feeling overwhelmed. These show how many of these healthcare workers who respond are feeling stressed, frustrated, overwhelmed, and just exhausted, among other things.

Conversely, the bottom feelings listed were that 31% of these people who responded reported feeling gratitude, approximately 30% feeling hope, and under 20% of the people who responded listed having pride. Again, the healthcare workers who respond to this could have marked all that applied; so, even though they could maybe have mark stressed, or they could have marked that they were feeling overwhelmed, they could have also reported that they had hope or felt people were grateful for them. But they were not reporting that.

Line: Well, I know you mentioned elevated feelings of exhaustion and burnout those are always key things that have always been interesting to me. I had a college professor - this is after multiple years in college trying to figure out what I was going to do with the rest of my life - and he said, "you couldn't be burned out unless you've been on fire," which kind of struck a chord with me. And certainly I think probably these healthcare workers that are experiencing levels of burnout is because they've been on fire; they've been working nonstop.

But I guess, could you explain how these things - exhaustion and burnout and things that you've mentioned - how they present threats to them?

Abby: Yes, Line, I actually love that analogy, because you are exactly right. These healthcare workers, and I'm sure with you working in it have reported that last two years or three years they have absolutely felt like they are on fire. Healthcare workers are feeling and reporting that they're just absolutely overwhelmed, that they are having increased stress, anxiety, exhausted.

These feelings can also lead to them leaving the profession. This is often called burnout. When this happens at increased number, it can actually cause a strain on a system that is potentially already strained. We're dealing with a system that is working with maybe more patients, higher acuity. And as we lose these healthcare workers, it becomes more and more strained.

I came across another article recently from CNBC that I really enjoyed reading, and it reported that 20 to 30% of frontline US healthcare workers stated they were considering leaving the profession. I just

want to say that again - 20 to 30% of frontline US healthcare workers. These are the people who are battling the pandemic, but also anything else that people need in the healthcare community.

As healthcare workers leave, especially when they are desperately needed, this can cause a concern for how many number of workers are available to treat the number of patients that need services and also the strain that it puts on the other healthcare workers who are in the industry.

Other mental health concerns such as depression, anxiety, pandemic fatigue, substance use disorder, physical fatigue, compassion fatigue, and workplace attitude issues can also occur with burnout. The World Health Organization classified burnout as an occupational phenomenon, not an individual crisis. This means that healthcare community burnout is something we must look at and address as a community, not look at it as just the individuals who may leave.

Line: Well, that's really interesting. Now, you mentioned the term— and I think I've heard it before— different than regular fatigue, but “pandemic fatigue.” So, can you explain what this is and basically how it affects their personal health or their job performance?

Abby: Yeah, absolutely. A lot of people have experienced pandemic fatigue and they may just not know the term or they may have heard it and not had the definition. Pandemic fatigue is when someone becomes weary of making drastic changes or missing out on events due to the pandemic.

Many of us can easily name changes we have made or people we've missed, events we've been unable to attend really since the start of COVID-19. People have had to change how they perform routine items such as going to the store, their working environments, or doing activities that usually would bring them joy. Other people have had to miss out on major life events or even lost loved ones due to the pandemic. Maybe some of our listeners have had to miss somebody's graduation or not go to somebody's wedding—again some major life events that they've been unable to attend.

This becomes mentally exhausting, and often people add all these things up that have happened, and it builds almost like a snowball going down a hill. With each event or as things occur, it gets bigger and bigger and bigger and builds up speed, and the person becomes more frustrated.

Also people described it as harder to cope with these changes or events when they do not see an end in sight. This can cause people to be less motivated to protect themselves and others. And then often, healthcare workers may feel the brunt of these decisions with a rise in patients, deaths, or even people being just angrier when the healthcare workers must discuss current recommendations or requirements.

Line: So is there a difference between pandemic fatigue and another term I've heard, which is compassion fatigue? And if they are different, how so?

Abby: Yeah, absolutely. There are some differences. Compassion fatigue does differ than pandemic

fatigue. Compassion fatigue occurs when someone takes on the suffering of the patient who's experiencing extreme stress or trauma. This can cause the healthcare worker to become so overwhelmed with feelings of others that they can start to feel numb. Healthcare workers often witness or hear the accounts of patients or their loved ones when they may be dealing with extremely traumatic or life altering events. This can be highly and extremely impactful to the healthcare worker themselves. But then, as part of their job, they often must leave that situation and go on to treat or work with the next patient.

One analogy that I've heard talked about with compassion fatigue is that we expect healthcare workers to walk through water but not get wet. They can experience these emotional or tragic situations through the patients or their family members but may not acknowledge or deal with how it affects the healthcare workers themselves.

Many people who work in healthcare remember the patients or situations that made emotional impact on them. For years I worked in emergency rooms and as an emergency room nurse, and I can tell you that there are several patients or situations that made a huge impact on me, but I often heard other coworkers or people say, "oh, we're tough healthcare workers or we're tough nurses" and just kind of not really talk about how those could really impact or how they felt.

If the healthcare worker does not work on coping with these feelings, they can start to feel numb or overwhelmed by those feelings. And really the perception is they become non-caring by others, due to this compassion fatigue, or even have devastating consequences for themselves or their careers.

People sometimes find it helpful to talk to a coworker or supervisor in these situations, or even if possible just take a few minutes to debrief after a traumatic or emotional case.

Line: You mentioned serious consequences of ignoring mental health concerns and healthcare workers, also including increasing suicide risk or rates. Can you give us more details on that?

Abby: Absolutely, Line. Ignoring mental health concerns can have absolutely devastating consequences. In a publication by [Physicians for Health Rights](#), it details that even before COVID-19 physicians have the highest suicide rates amongst professions.

Also in a national study published in February 2020—again I want to highlight that date, February 2020, so really even before COVID-19 and dealing with those added stressors of being overwhelmed those situations —so even before these added stressors, researchers at University of California San Diego School of Medicine and the Department of Nursing found the rates of suicide in male and female nurses are higher than the risk of suicide in the general population.

Suicide risk from 2005 to 2016 for female nurses were found to be ten per hundred thousand. This is in contrast to the general female population, which had a risk of seven per hundred thousand. Male nurses risk in that same time period were 33 per hundred thousand; that's in contrast to the general

male population of 27 per hundred thousand.

So again, add on to these more stress, as we see healthcare workers are expressing increases in stress, exhaustion, and lower rates of hope, to tell you the truth. This can lead to the rates of suicide in healthcare workers to increase. I think we've seen a couple articles and studies and even news stories lately about that.

Furthermore, as healthcare workers feel overwhelmed or stressed, they may not be able to concentrate or focus as well at work. This can cause an increase in errors or difficulty performing their duties. So not only can it be disastrous for the healthcare workers themselves, but really we're looking at the patient and the public protection as well.

Line: Amazing. Well, you know from my background—I'm a former exercise physiologist—one of the saving graces during the pandemic for me was getting exercise to deal with stress. I've done that all my life with work, or maybe getting out on the motorcycle for a ride. Are there things specifically for healthcare workers or other individuals that they can do in order to help manage their mental wellness?

Abby: Yes, Line. I think we're pretty similar - those things sounded like definitely items that I've used in the past to cope, so I'm with you. But to tell you the truth, the most important item that I can suggest is absolutely what you are doing here today - and that is just having these conversations. It is essential that we break down these barriers, eliminate the stigma related to mental health, and help people know that it is okay to ask for help or to express concerns if they have them. This can be done through talking about mental health and wellness. It can be encouraging others. It can be maybe just a kind word to your coworker when they look stressed, or if you're able to let them have a couple minute break so they can just clear their head.

Again it's looking out for ourselves but also each other, to understand that we're all in this, and we're all feeling increased stress. We're all feeling overwhelmed, and we're all having these situations happen to us.

I believe it's essential for people and healthcare workers just to know that they're not alone in many of these feelings. It's important to listen to what healthcare workers are saying - that active listening to really hear what they're telling us and identify when they're showing signs of being in distress or showing signs of burnout.

As healthcare workers, we need to take a minute and look at our own mental health and mental wellness and recognize if you are becoming overwhelmed. It is important to take time to rest, relax, do those things that bring you joy- like you said, workout, jump on that motorcycle, talk to friends, have that night out, have those positive coping skills. It's also important if needed to talk to someone who you trust or a counselor and practice positive coping strategies. The most important of all is, please ask for help if and when you need it.

Line: That's brilliant! Well, I think this has been a great start to this conversation, and we certainly are looking forward to the presentation in September at our Annual Educational Conference. So, thank you so much, Abby, for speaking with us today.

Abby: Thank you, Line, and I appreciate you having me here today to talk about such an important topic.

Line: Absolutely, it has been a pleasure. We'd also like to continue this conversation on CLEAR Communities. This podcast will be posted there, and you can reply with your comments. Now, here are a couple questions that everyone can relate to and start to think about and maybe comment in Communities. Have you seen a change in yourself or someone else's mental wellness since the pandemic, and what have you observed? What are techniques or things that you have done that has helped you when you have felt overwhelmed or were dealing with one of the issues that were discussed today? Please share your comments on CLEAR Communities.

And I think the discussion of supporting mental health and wellness in healthcare workers fits nicely with the topic of the conference plenary presentation, which is focused on employee mentorship and support. So, Ted, your presentation is "Be the One: How Great Leaders Bring Out the Best in Others." And you'll be sharing with us the key differences that separate leaders and mentors, and how mentors can drive team performance and unlock the potential in others. But first I gotta ask the elephant in the room question: what does it mean to "be the one"?

Ted: Thanks for asking that, Line. And if we all think about where we are today in our careers (and it likely applies in our personal lives), there's typically been one or maybe a few leaders who made a significant impact, people that we can point back to that made really a memorable difference in our growth and development. And so this person that we can point back to that really created some pivotal conversations, pivotal experiences with our growth. We think of them in a certain way and that's the way that I want all of us to be as leaders for other people.

Let me give you an example of that. I had a mentor in my early 20s where I was struggling. I was leading a team; morale was low; there was high turnover, and I couldn't figure out what was going on. And what I learned through this gentleman's experience is that the problem started with me, that I really had to shift the way I was communicating with people, how was showing up in the relationships I had, and really give a different focus in my work ethic and my attention to detail at work. And, as a result, through this relationship and through some pivotal conversations, we ended up going from a low performing organization to one of the top in the company. And that wouldn't have happened if it wasn't for this mentor. So, when we talk about this concept of being "the one," who is that person for you—which we can likely all point back to—and how can you become that for someone else?

Line: That's great. The one for me, obviously, was in undergrad. I had been in school already for years in undergrad and came to play baseball and didn't. . . I majored in pre-med; I then went to psychology;

prior to that, I think there was a point where I was doing English and chemistry as a double major; and then finally ended up back in physical education, because that's where my love was with sports. And you know I had a 1.8 GPA (I probably shouldn't say this on the podcast, but that's long in the past). And one of my professors at the time, Dr. John Bennett, made the statement you can't be burned out unless you've been on fire. And it really struck home for me that I had not really been applying myself or putting that effort into it to be on fire, you know which resulted in me getting on the dean's list for multiple years after that going into graduate school as well straight from that.

So, I always try to strive to be that person as well. I think that's great then for other leaders to really focus on that. Obviously leaders need to mentor people, but what about this idea of creating a culture of mentorship? What does that really mean?

Ted: When we think of that and, just like the individual you mentioned when you were in grad school, when we think of the best organizations that we've been a part of, the best organizations that we've learned from maybe from outside of our own work, what they've done is not just had one exceptional individual, but they created this as a part of their internal culture.

And that starts, of course, with us. It starts with us being the one and teaching others the same skills and the same process. And the beautiful thing, Line, is that this is something that we have statistical evidence that can be weaved into the fabric of an organization when people are intentional about it, especially those of us in leadership roles.

So, last year we did a national research study, and we surveyed over 1000 employees nationwide, and we looked at what were the impacts and the elements of creating this culture of mentorship. And here's a few things that were interesting at a high level. If we look at the best way to attract, develop, and retain great people (which of course we're all looking to do, especially in the midst of this great resignation) number one: it starts with creating this culture of mentorship.

And let me give you some background here. 71% of employees said that their performance improved as a result of a mentorship relationship, just like mine did in my early 20s with my first mentor of mine, just like your grades improved tremendously from that GPA to being on the dean's list – so, performance improvement.

Another interesting stat: engagement improved significantly. 68% of employees are more engaged at work when they've got a mentoring relationship. And a big one, it was really interesting to me is the employees said, the number one outcome of having a mentoring relationship is increased loyalty to their company. So when we're looking to keep the people we have and continue to develop this longevity and loyalty, creating this culture of mentorship is the foundation of that. And for those in my generation that are millennials—and the same stats are now appearing for gen Z—is that millennials and younger workers value growth and development over salary alone. Hence the importance of us being the one and creating this culture.

And last but not least, Line, when we think of our impact, the bigger picture- 64% of employees said that mentorship significantly impacted their career. So the best way for us to develop new leaders is through being the one, through creating this culture of mentorship. And it also gives us the benefit of a new perspective. It's not just creating a legacy but also the perspective that helps us to see things differently, because now we've got to recreate and reverse engineer the success we've had in order to coach and teach maybe the person we once were or somebody that's newer in the organization. It allows us to see things through a different lens because now we're having more of a direct and intimate relationship with somebody who has a different perspective because they're newer in the organization, for example.

Line: Excellent! Obviously you're going to be speaking at the Annual Educational Conference—you've got the plenary session. What can our listeners expect, or even myself expect, to learn from attending this?

Ted: What you all can expect to learn is going deeper on what we're discussing briefly here in the podcast. How can you empower people to perform at their best and to be the one? And there's a three step process that we're going to be going through in detail with some very actionable strategies that everyone can apply.

And I want to stress the word, Line -everyone. Because even if you're newer in the organization or if you're in the twilight of your career, whether you've got a large number of direct reports or even if you're an individual contributor, these strategies are applicable to everyone. And these are the strategies that help us become the one, which not only helps us at work, of course, but helps us in our personal lives.

That's the foundation for creating this culture of mentorship that we just talked about. And we're also going to look at some of the differences (and you alluded to this before) that separate leaders from mentors, because every mentor is a leader but not every leader is a mentor. Now the best leaders are also mentors, but not every leader chooses to be, and some feel like they may not be capable of. So I'm going to talk about some of the barriers that hold people back from stepping in the mentorship role, how to overcome those barriers, understanding those key differences.

And then the key questions that every leader should be able to answer and every mentor should be able to answer about their team members, so really a deep dive into this concept of how do I move from just a leadership role to actually being a mentor, and how can I apply these actionable strategies in my day-to-day work with the team that I lead, as well as in my personal life.

Line: Well, you kind of answered my next question that I had in my head, but maybe I'll expand on it a little bit more. Is being a mentor the same as being a leader, which you kind of touched on there, but also a coach or a sponsor? How does that all play in?

Ted: Excellent question. There are key differences, and here's the challenge with so much information

that's out there. People frequently think leader equals mentor, which it doesn't. And I'll give you an idea of that. When we think of leadership, typically it's about the role that you're fulfilling. When we think about mentorship, it's much more personal; it's much more about the relationship than the leadership role is.

When we think about being a leader, we think about achieving goals. But being a mentor is much more individual-focused. It's about the growth and development of the person. In the leadership position we're typically providing answers and solving problems for people, our team members and others. But as a mentor, we're not always answering questions; we're actually asking questions. So, providing the answer versus asking the question, providing the solution versus giving a challenge.

Even as leaders, we can lead a large number of people, but we can only effectively be a mentor to a few. So really some key differences in the roles. A leader can also become a mentor, and many of our listeners may be already in that role today, but they're not necessarily the same thing. And similarly that applies to coaches and sponsors. Many times I have people ask me, "well hey, Ted, I'm great at coaching people. I must be a great mentor." And really coaching is more focused on the development of a specific skill, helping somebody performing their role, a specific task. So it's an important tool to have in our tool belt. But mentoring is much more holistic. It's looking at the overall growth and development of the individual versus a specific skill or specific task. Similarly, when we think of sponsors. Mentors may also be sponsors, but not necessarily. Because sponsors are advocating for you and on your behalf to other people, whereas mentors again are looking at your potential and how to tap into it and how to assess and help you achieve these benchmarks of growth that you all have set together, which we'll be talking about in the keynote.

So a mentor may also become your sponsor, but that's not necessarily the case. Just understanding the key differences between these roles is important for all of us, so that as we look to lead others and to mentor others, we can figure out where these skills come into play. Am I also going to be a coach as a mentor? Most likely, yes. Am I going to be a sponsor? Maybe, yes, or maybe not. And it shouldn't be the expectation of the mentee that their mentor is going to be a sponsor for them. They may also have someone in their life who's strictly a sponsor but doesn't have that mentoring relationship.

Line: I want to ask one final question. So, in your experience, how do you handle mentees that don't necessarily want to be mentored? So, for example, you know I've certainly in my career and leadership have had experiences where I've been trying to help them come up with a solution versus me just giving them the solution - because they'll just come back to me for another solution, right. I want them to think for themselves and be able to problem solve themselves.

But I've had resistance, sometimes—the people that just want to know the answer. Is it something that you have to flush out and kind select who you want to mentor, or does everyone have the capability of receiving that mentorship?

Ted: Line, the question you just asked is one that is a struggle for many leaders. And the answer in my

experience has been that we can't mentor somebody who doesn't want to be and that we have to set some ground rules up front or continue to revisit them along the way, so that there's proper expectations.

So the people that always come to us looking for solutions—if we ask them a question instead and challenge them to develop the problem solving muscle and figure it out on their own and they get upset and refuse to kind of follow protocol, so to speak, and just keep coming back to us about the same thing—then either revisiting the initial expectations or resetting the agenda and saying, “hey listen, the reason I’m not solving this problem for you. . .” By the way, Line, one of my mentors—I can hear his voice in my head right now saying, “Ted, I can solve this problem for you, but it's only going to help me to get better. What I like to do is empower you to develop the skill to solve this problem. So I want you to figure it out and come back to me and share with me the solution that you found.” And I remember as a mentee and as one of his team members being frustrated and feeling like, “Why? I'm sure you could either figure it out, or you already have. Why don't you just tell me the answer?”

But I trusted him, and we had a strong relationship where I felt like I was willing to follow his guidance and I knew he had my best interest in mind. And so, I went and solved the problem on my own, went back to him, and I was so thankful later on. It's almost like being a parent, like your kid wants you to do everything for them, but at some point they've got to figure things out on their own, right. We can't walk for someone else.

So, back to your question. If someone is unwilling, we cannot mentor everyone. And that goes back to the difference between leadership and mentorship. You can lead a large organization, but you can't mentor effectively 50 different people; you just don't have the capacity to do that. So, being selective with the people you want to mentor that are coachable, that are teachable, that are willing to follow the expectations and the guidance that you bring up and then, when necessary revisiting that. And if they're not, then maybe that's somebody that you're leading or you're managing, but it may not be somebody that you want to invest the extra time to mentor if they're not willing to be accepting of what you're giving them.

Line: Brilliant! Well, I'll be one to say that I’m very excited and looking forward to hearing more about this during the plenary presentation. So thank you so much, Ted, for being a part of today's podcast episode.

Ted: Line, thanks for having me. I can't wait to see everybody in September for the conference. It's going to be a great event!

Line: Absolutely! I also want to thank our listeners for tuning in to this episode. This podcast is a great way to connect with our CLEAR audience. But I think we’re all looking forward to getting back to our in-person conference. And the conference will be this September 14th through the 17th in Louisville, Kentucky, the first time the conference has been held in CLEAR’s home state, which is really exciting. Conference and session details are available online, and we hope you consider joining us in

September.

And we'll be back with another episode of Regulation Matters: a CLEAR conversation very soon. If you're new to this CLEAR podcast, please subscribe to us. You can find us on Podbean or any of your favorite podcast services. If you've enjoyed this podcast episode, please leave a rating or comment in the app. Those reviews help us to improve our ranking and make it easier for new listeners like you to find us.

Feel free to also visit our website at www.clearhq.org for additional resources, as well as the calendar of upcoming online programs and events.

Finally, I'd like to thank our CLEAR staff, specifically Stephanie Thompson. She is our content coordinator and editor for this program. Once again, I'm Line Dempsey, and I hope to be speaking to you again very soon.

The audio version of this podcast episode is available at
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