System Focus
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What the Pandemic Has Taught Us About Caring—and Life

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Life's most important lessons are often learned during life's hardest times. Adversity strips away pretense and distraction to reveal what matters most. During the early months of the COVID-19 pandemic, harsh new realities left little doubt what mattered most, both professionally and personally.

Lessons for Healthcare

For those with chosen careers in healthcare, March 2020 was an alarm that awakened us to the cold reality of our threadbare workforce, frayed systems, and vulnerable supply chains. Suddenly patients with this novel coronavirus were streaming into America's hospitals. Within days, those streams became torrents. Patients arrived sick and many rapidly became sicker, straining our facilities and threatening clinicians' ability to provide the best care to each and every critically ill person we serve. Even as hospitals cancelled all elective procedures and converted recovery rooms to ICUs, unending floods of patients revealed that we hadn't stockpiled nearly enough respirators, surgical masks, gloves, and gowns. It was a terrible way to learn that disaster preparation matters.

We also confronted the unavoidable evidence that people of color, immigrants, and those who live paycheck to paycheck, or who have no jobs at all, endure far higher health risks than middle-class, white, English-speaking Americans. COVID-19 provided a masterclass in ways that housing, transportation, and workplace conditions impact people's health. May we never again ignore these lessons.

As we were forced to curtail all visiting and distanced clinicians from the patients we serve, we were poignantly reminded that families are essential to good patient care and human relationships are essential to human well-being. And when physicians and caregivers had to reuse and recycle single-use masks and PPE, we were painfully

reminded that the safety and well-being of our coworkers must never again be taken for granted.

Necessity is the mother of invention—and innovation. We found that we could MacGyver solutions, locally produce our own disinfectants, masks, and rudimentary protective equipment. We quickly adapted omnipresent tablets and personal cell phones to maintain contact between patients and the people who mattered most to them.

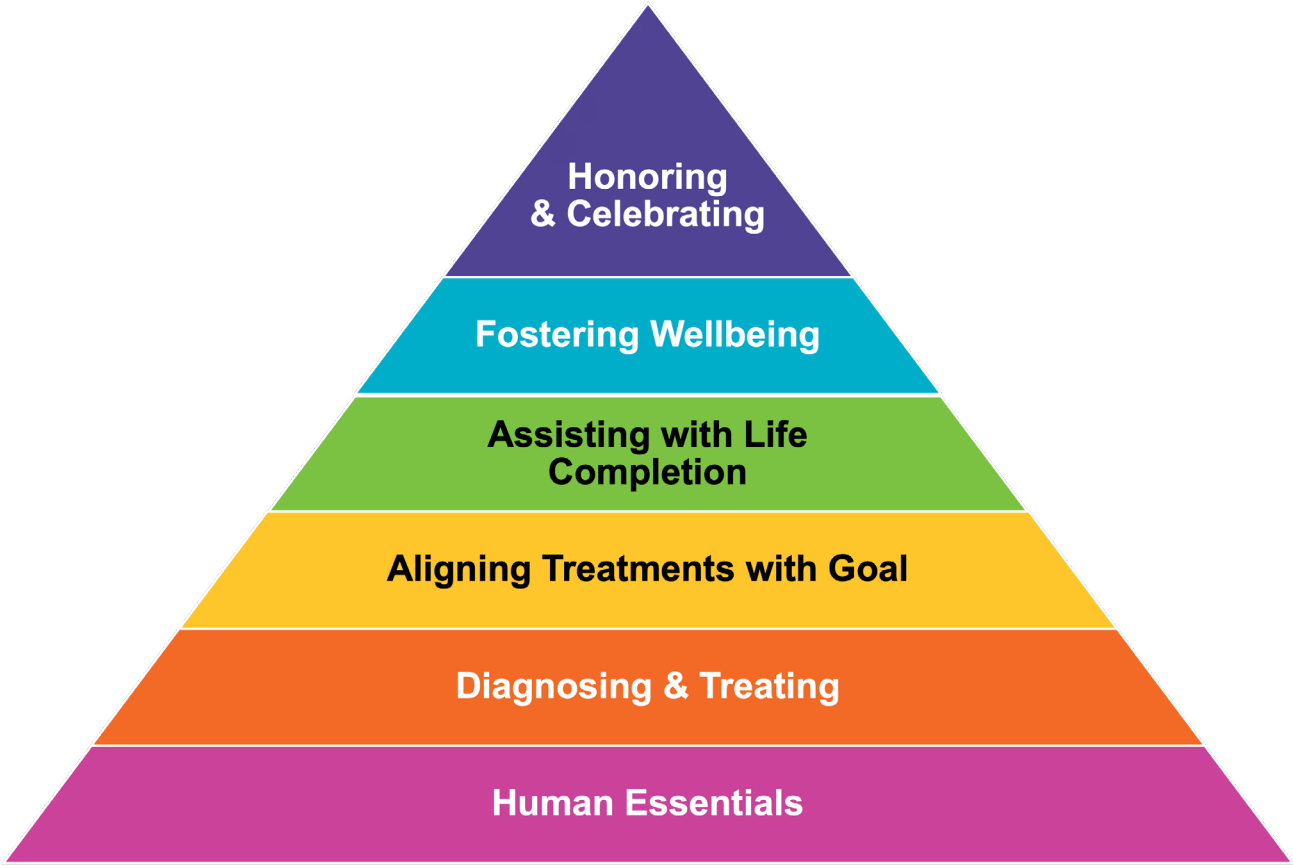
In the midst of this full-blown public health crisis, we were reminded that what matters most, first and foremost, is life itself. The pandemic highlighted both the fundamentals and full scope of our clinical goals and aspirations. In these early days, as my colleagues and I wrestled with how to provide the best care we possibly could in these unprecedented pandemic times, I sketched a hierarchy of human caring (see **Exhibit 1**).

Building from developmental psychologist Abraham Maslow's hierarchy of needs, this pyramidal framework offers a way of conceptualizing the continuum of caring well for people through the end of life.

➜ Key Board Takeaways

- Ensure that your organization is prepared for the next pandemic. For example, would you have sufficient PPE and the ability to provide hazard pay to your employees?
- Discuss lessons learned from the pandemic and how you can foster some of the positive outcomes, such as continuing the innovative, adaptive culture established during the pandemic.
- Be mindful of the hierarchy of human caring and how your organization is addressing each piece. Healthcare is built on a foundation of biological and social necessities, such as shelter, food, and hygiene, that are the responsibility of a caring society.
- Consider the impact the pandemic has had on clinicians and ask management what steps are being taken to support their caregivers' well-being. Healing after physical or emotional trauma is possible, but it involves accepting the losses and irreversible changes one has experienced. Healing takes time, adaptability, and a sense of being worthy of becoming well, and health systems should support their physicians and other caregivers on this journey.

Exhibit 1: Hierarchy of Human Caring



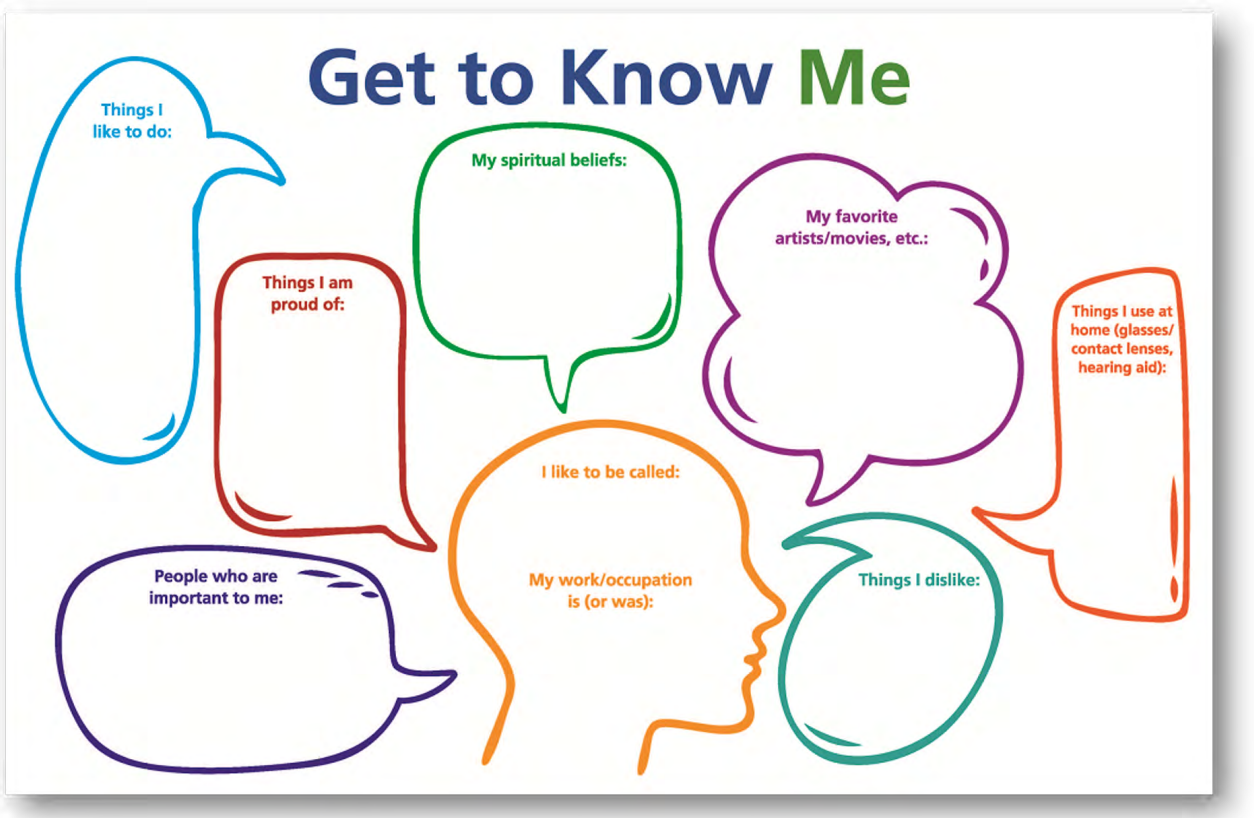
Biological and social necessities of life form the base of this pyramid. Providing shelter from the elements—a clean, dry bed—and something to eat and drink are rudimentary responsibilities that define a caring society. This fact was made starkly clear by strained health systems and fractured supply chains—compounded in several regions by severe hurricanes and flooding—for groceries, essential goods, and essential workers.

During those early dark days of this crisis, we rediscovered an age-old truth; that the best way through natural disasters—floods, fires, famines, or epidemics—is together. When businesses, restaurants, and classrooms were forced to close, we learned anew that "community" is not an abstract concept, nor a static entity, but rather a living fabric of interwoven, mutual responsibilities. Seemingly overnight, schools and auditoriums were repurposed as public shelters. Chefs donated their time and talents to community kitchens, as well as precious food that had been intended for paying customers.

Heartening examples of clinicians' unwavering commitment to high-quality care were also evident. Hospital teams quickly developed new ways of doing routine tasks. They choreographed procedures for rotating patients into and out of prone positions. Because masks and PPE obscured caregivers faces and expressions, clinicians began wearing face-behind-the-mask pictures on their chests to introduce themselves to patients. At Providence we expanded use of "Get to Know Me" posters, recruiting families of patients to remind all who entered their loved one's room that they were caring for a whole person (see **Exhibit 2**).

COVID-19's propensity to cause rapid respiratory failure highlighted the importance of aligning what we do for people with what matters most to them. Within Providence we expanded use of Trusted Decision Maker (TDM) declarations, a way of eliciting and recording within their health record a patient's verbally expressed values, preferences, and priorities. The TDM documents a patient's choices for who should speak for them and what level of treatments they would want—or want to avoid—in life-threatening circumstances. We used cell phones and video technology to conduct virtual visits and hold sensitive conversations. Palliative care teams supported frontline emergency and hospital medicine colleagues in conducting goals-of-care conversations with communication tip sheets and just-in-time consultations. In a few of the hardest-hit

Exhibit 2: Patient "Get to Know Me" Poster



hospitals, we established pop-up goals-of-care clinics to engage patients and families who might not otherwise have been able to have these conversations and express their personal wishes.

Clinicians consistently ranked restrictions of family visitation as the most stressful barrier to practicing during the pandemic. While there is no substitute for actual presence, touching and being touched by someone you love, necessity engendered creative ways of fostering and strengthening loving connections.

People blew kisses across FaceTime screens. Families gathered by Zoom to say the things that matter most—the gratitude, forgiveness, and love that might otherwise have been left unspoken. I carry images of such meetings in my mind's eye. A hospitalized elderly woman with high-flow nasal oxygen stares at a laptop screen while 10 members of her family honor and celebrate her. One of her sons is caught in mid-sentence and half-smile, another holds back tears while trying to smile; a couple cradles their infant before the camera for a great-grandmother to see; a teenage grand-daughter stares in wide-eyed silence.

Amidst the suffering we have collectively witnessed, there have been uplifting instances of loving care and human well-being. These lessons too must not be ignored. Human beings are mortal and our physical health will inevitably decline. However, by extending the basics of human caring, even seriously ill and dying people may be able to love, feel loved, and at least occasionally to feel joy.

Because we aim high, we were able to provide good care, even when we were unable to deliver the full extent of whole-person caring to which we aspire. Thankfully, we have not had to compromise on the fundamentals. There's been no shortages of essential medications to alleviate physical suffering. Patients still have had clean, dry beds. We have continued to innovate ways of connecting people within their families. We are continuing to strive to honor each and every person's inherent dignity and worth.

This Pandemic Is Personal

This pandemic's most profound lessons have been personal. We have been shaken from the illusion of safety, security, and a confident future.

The toll has been most evident on clinicians. More than a few became infected. Every one of them is exhausted, and none have escaped emotional trauma. Burnout was highly prevalent among clinicians before the pandemic. Now it is ubiquitous.

Healing is possible but it will take time. Healing is commonly talked about as becoming whole, which can give rise to misunderstanding. A return to life "as if it never happened" is impossible. After the loss of a limb or a debilitating physical or emotional trauma, authentic healing must integrate the facts of one's suffering and the parts of oneself that have been lost or damaged forever.

Healing also requires that a person wants to be well. Sometimes traumatized people wrestle with feeling unworthy. "Was it my fault?" "Did I do enough?" "So many other people were hurt so much more than me, am I being overly sensitive?" Loving oneself enough to feel worthy of healing is necessary to take the first step. Sometimes a person needs to "act as if" they feel worthy to begin the process. Said differently, feeling worthy of well-being can be a decision.

It turns out that personal well-being has less to do with steel-like strength than an ability to bend and adapt. Resilience is river-like. Each spring in returning to the Montana rivers where I fish, I observe new obstacles that weather and gravity have inflicted. Downed trees or rockslides have cut off established side channels and created snags in river braids that were once navigable. It's apparent how opportunistic, steadfast, and creative rivers are. They may be held back for a time, diverted and forced to change course, but they always find a way through.

Those qualities resonate with me and suggest a meaningful path for healing that does not deny the damage and losses endured along the way.

This pandemic has taught us to keep our aim high and our view long. We have learned that individually and collectively, we have the capacity for going forward, and that even though we will emerge irrevocably changed, well-being is possible.

The Governance Institute thanks Ira Byock, M.D., FAAHPM, Founder and Senior Vice President for Strategic Innovation, Institute for Human Caring at Providence, for contributing this article. He can be reached at ira.byock@providence.org.