HERO Fall 2025 Proceedings

HERO Forum II

Healthcare Summit

Fall Think Tank

September 16-17, 2025

WHAT'S INSIDE

HERO Forum II

From Incivility to Kindness: The Business Imperative

MJ Shaar, MAPP, Senior Education Fellow, and Karen Moseley, President & CEO, HERO

Every great organization tells a profound story—not only through its mission and contributions to society, but also through the lived experiences of its people.

For too many, that lived experience is not a positive one. Instead, it's one where tension hangs in the air and brilliant ideas die before they're spoken; employees spend more energy protecting themselves than innovating, and enthusiasm is dimmed by countless small moments of dismissal and disrespect.

A 2024 SHRM poll reveals that nearly 76% of employees have directly experienced or witnessed workplace incivility firsthand, leading to their taking nearly two sick days monthly to escape the workplace slights and disappointments.[1] And the costs go beyond the individual: incivility at work has been associated with detrimental business outcomes such as lower job satisfaction, lower levels of engagement and innovation, higher intent to leave, and higher turnover rates.[1-3] It's no surprise Gallup reports that only 31% of us feel engaged at work[4], with a staggering 76% fighting burnout [4] . Incivility erodes the very foundations of organizational potential. These effects are compounded as incivility affects not only its target but also the witnesses; American businesses are losing $2.7 billion daily to this problem.[1]

We are not powerless. In fact, SHRM's poll also shows that 74% of these harmful incidents could have been prevented through strategic intervention by management.[1] Together, we can address this growing contagion. We are social beings. We are built for supportive connections. Even the perpetrators of incivility, at their core, want to be good people.

We need to provide the conditions that will entice each individual not merely to prevent harm, but rather to create good. We need an antidote that can spread just as easily from initiator to receiver and witnesses alike. A tool that can transform workplaces – and lives – for the better. And that tool is simple, accessible and free: workplace kindness.

This isn't just a feel-good theory. Beyond the systemic pressures of heavy workloads and tight deadlines, we can rewrite each organization's story, to re-center it on customers, colleagues, partners, and communities. As kindness strengthens these connections, it strengthens the very foundation of business itself. And the research agrees. Workplaces with strong cultures that abound in positive practices -- such as kindness, compassion, belongingness and psychological safety -- enjoy serious benefits:

- Revenue growth increases, and can even quadruple[6]
- Productivity soars as genuine connection fuels business growth[7]
- Innovation flourishes when people feel safe enough to share their wildest ideas[7]
- Work performance increases by 56%[8]

Such benefits are the very same that accrue from other best practices approaches to supporting employee health and well-being. We explore this civility theme within the context of each of the other health and well-being best practices that HERO has studied and advocated for over the past three decades. We examine how expectations concerning kindness can be embedded within tenets of leadership support, program development and evaluation, health coaching, engagement and belongingness, policy and environmental supports and more.

This is a pivotal moment for organizational leaders who understand that workplace culture is our most powerful competitive advantage. The future of work is about inspiring people, not about extracting value from them. Every interaction is an opportunity to design an environment that unleashes potential and talent.

Workplace kindness shouldn't just be wishful thinking, it should be a business imperative that replaces incidents of incivility with intentional cultures where people are proud to stay. And as kindness spreads, it can go beyond transforming workplaces — it can transform lives.

References

1. SHRM Civility Index, December 2024
2. Jackson, D., Usher, K. and Cleary, M. (2024), Workplace incivility: Insidious, pervasive and harmful. Int J Mental Health Nurs, 33: 483-486. https://doi.org/10.1111/inm.13315
3. Namin BH, Øgaard T, Røislien J. Workplace Incivility and Turnover Intention in Organizations: A Meta-Analytic Review. Int J Environ Res Public Health. 2021 Dec 21;19(1):25. doi: 10.3390/ijerph19010025.
4. Harter, J. (2025), U.S. Employee Engagement Sinks to a 10-Year Low. Gallup. Available at: https://www.gallup.com/workplace/654911/employee-engagement-sinks-year-low.aspx
5. Hemphill, EB. (2022), Uncomfortable (but Necessary) Conversations About Burnout. Gallup. Available at: https://www.gallup.com/workplace/406232/uncomfortable-necessary-conversations-burnout.aspx
6. Laker, B., (2021), Culture Is A Company's Single Most Powerful Advantage. Here's Why. Forbes. Available at: https://www.forbes.com/sites/benjaminlaker/2021/04/23/culture-is-a-companys-single-most-powerful-advantage-heres-why/

7. Oxford Management Centre. What Role Does Psychological Safety Play in Effective Leadership? Available at: https://oxford-management.com/articles/what-role-does-psychological-safety-play-in-effective-leadership

8. Carr, EW, et al. (2019), The Value of Belonging at Work. HBR. Available at: https://hbr.org/2019/12/the-value-of-belonging-at-work

C. Everett Koop National Health Awards

Award Presenter: Rebecca Kelly, PhD, MAE, RDN, FAND
Panelists: Maren S. Fragala, PhD, Jesse Gavin, DrPH, Janis Davis-Street, MS, MA, EdD, CHES
Moderator: Ron Goetzel, PhD

Award Winner Announcement

The session opened with the announcement of the winner and honorable mention honorees of the C. Everett Koop National Health Innovation Award. This award recognizes employers who have introduced significant innovation into their organization's health and well-being programs that show promise in improving their workers' health and achieving significant business results. Winning programs have introduced innovations such as:

• Engaging hard-to-reach populations;
• Organizational culture change initiatives;
• Addressing difficult challenges such as pandemics;
• New approaches and models to change health-related behavior;
• Addressing health equity;
• Effective use of technology; and
• Focusing on broader environmental, social, and economic factors.

Innovation Award Criteria

To win the Innovation Award, employers needed to answer these three questions:

- What was the innovation?
- What was its impact?
- How will it improve the overall health and well-being of the workforce?

The criteria used in selecting award recipients were: 1. Evidence-Based, 2. Novelty, 3. Sustainability/Scalability, 4. Participation/Engagement, 5. Health and Well-Being Outcomes, and 6. Business Outcomes.

The **2025 Innovation Award Winner** was**:**

The University of Michigan
MHealthy Resource Coach Program (RCP)

Accepting the Award was Bri Carpenter, MSW, Resource Coach Program Manager.

The MHealthy RCP innovation directly addresses barriers such as economic instability, food insecurity, and lack of access to critical services by pairing employees with dedicated Resource Coaches. These coaches provide customized guidance, linking individuals to housing, nutrition programs, mental health services, transportation, and opportunities for education and career advancement.

The **Honorable Mentions** were**:**

Baystate Health
Well-being Essentials

Accepting the Award was Jenna Bishop, MS, PHR, Wellness/Worklife Program Manager.

Baystate innovated by reimagining employee well-being through a purpose-driven, strategic program for its 13,000 employees. The innovation is already generating measurable health and business gains.

Diocese of Pensacola-Tallahassee
Rejoice in Health

Accepting the Award was Bishop William Wack, CSC.

The Rejoice in Health initiative innovated through its personalized wellness program offered to 53 clergy members. This innovative model addresses the unique challenges of an aging, geographically dispersed, and underserved population, ensuring sustained vitality for parish ministry across Northwest Florida.

A **Panel Discussion** followed the Award program:

Winning the C. Everett Koop National Health Award is more than a recognition – it is an opportunity to lead the future of workplace health and well-being.   In a panel discussion moderated by Ron Goetzel, PhD, president and CEO of The Health Project including leaders in workplace health from winning programs at Quest Diagnostics, Chevron, and Baylor College of Medicine, discussants shared how they achieved this prestigious recognition and its impact on the future of workplace health.

Five **key takeaways** emerged from the discussion:

1. Across the board, winning programs demonstrated a consistent blueprint for success: grounded in evidence-based theory, executed with precision, and backed by rigorous evaluation to ensure meaningful, measurable outcomes.

2. Robust data on employee population health served as the cornerstone for pinpointing strategic intervention opportunities and rigorously assessing the measurable impact of programs and initiatives.

3. The success of these programs was rooted not just in strategy, but in a deeply embedded culture of health, unwavering commitment to employee engagement, and full-spectrum stakeholder buy-in—from visionary C-suite leadership to empowered frontline teams.

4. The future of workplace health is being reshaped by AI-driven insights, personalized health strategies, and a growing emphasis on environmental and social determinants of health—marking a shift from isolated programs and reactive challenges to a holistic, proactive

focus on well-being. While AI offers promising tools for enhancing health and well-being programs, addressing issues like data privacy, algorithmic bias, and the potential to unintentionally widen health disparities will be essential to ensure ethical and equitable outcomes. AI should support —not replace — human judgment, especially when working with vulnerable populations or sensitive health information.

5. In line with the conference theme, panelists emphasized that kindness is more than just a soft skill, it's a strategic imperative that contributes to healthier workplaces, stronger cultures, and sustainable business outcomes.

Taken together, panelists from winning programs at Quest Diagnostics, Chevron, and Baylor College of Medicine shared how lasting impact comes from blending evidence with empathy, strategy with culture, and leadership at every level. As workplace health evolves, AI, personalization, and social context are reshaping the path forward. At its core, kindness is proving to be a business imperative—driving trust, connection, and sustainable outcomes.

Innovation Award Criteria

The application must answer the questions:
- What was the innovation?
- What was its impact?
- How will it improve the overall health and well-being of the workforce?

PROGRAM METRICS

1. Evidence-Based
2. Novelty
3. Sustainability/Scalability

OUTCOMES

4. Participation/Engagement
5. Health and Well-Being Outcomes
6. Business Outcomes

Creating Cultures of Belonging: How Learning, Neuroscience, and Connection Strengthen Workplace Kindness and Health Equity

Lina Osorio, CDM, Sr. Director, DE&I Learning, Development & Engagement & Jason Horay, MS, CHES, Director, Health Equity Community Outreach & Engagement, American Cancer Society

The American Cancer Society (ACS) exists because the burden of cancer remains unacceptably high. Guided by the mission to improve the lives of people with cancer and their families and the vision to end cancer as we know it for everyone, ACS leads through advocacy, research, and patient support to ensure equitable access to care.

Neuroscience as a Bridge Between Inclusion, Engagement, and Health

Belonging is not a soft skill but a biological necessity. Neuroscience shows that inclusion and kindness directly affect how people learn, collaborate, and perform. Psychological safety and empathy are not abstract ideals; they are brain-based mechanisms that activate engagement, creativity, and resilience.

Research reveals that 70 percent of team engagement is shaped by managers. When employees feel connected, there is a 70 percent increase in well-being and a 51 percent reduction in turnover. Yet even organizations with generous benefits struggle when psychological safety is missing. Feelings of exclusion activate the amygdala, the brain's threat center, which impairs learning and innovation. In contrast, belonging triggers dopamine, fueling trust and motivation.

The SCARF Model for Inclusive Leadership

The SCARF model, which represents Status, Certainty, Autonomy, Relatedness, and Fairness, provides a neuroscience-based framework for inclusion. Leaders can reduce threat responses by increasing transparency and fairness in decisions and by encouraging autonomy. Empathy and bias interruption strategies, such as the PAUSE reflect and reframe technique, engage the prefrontal cortex and help leaders override automatic judgments.

Health Equity at the Core of Mission

At ACS, health equity principles are embedded across every level of the organization. The Health Equity Ambassador (HEA) Program exemplifies this commitment by training volunteers and community-based organizations to promote cancer prevention and early detection in populations disproportionately affected by cancer, including African American, Hispanic, Latino, Indigenous, LGBTQ, and rural communities.

To date, more than 6,400 Ambassadors have been trained, reaching 1.1 million lives. Program evaluation shows that 100 percent of participants increased their understanding of key cancer topics and 94 percent gained skills for conducting effective outreach. The program's success in Puerto Rico, through collaboration with the Puerto Rico Science, Technology, and Research

Trust (PRSTRT) and Genentech, has expanded Spanish-language engagement, enabling education in rural and underserved communities.

Creating Internal Cultures of Inclusion

ACS integrates DEI learning across the employee experience. Initiatives such as Inclusion Table Talks, Days of Understanding, and Employee Engagement Groups (EEGs) cultivate empathy and dialogue. EEGs, now in their tenth year, bring together diverse teams to strengthen cultural competency and professional development while connecting DEI learning to cancer mission outcomes.

The ASPIRE Leadership Academy and BOLD EEGs in Innovation Summit provide structured learning and peer collaboration for diverse leaders. These programs emphasize emotional intelligence, visionary leadership, and resilience, which are core competencies for embedding equity and belonging into organizational culture.

Key Outcomes and Learnings

- Psychological safety drives results. Teams thrive when members feel safe to share ideas, admit mistakes, and take risks without fear. Inclusion fosters collaboration, innovation, and retention.
- Health equity requires systemic action. True progress depends on addressing social determinants of health rather than focusing only on individual behaviors.
- Partnerships accelerate impact. Collaborations between corporate, academic, and community partners amplify reach, resources, and data-driven results.
- Inclusion is measurable. Diversity within ACS leadership continues to grow, with 32 percent of the workforce and 25 percent of leadership identifying as diverse in 2024.
- Empathy is a leadership skill. Understanding how the brain processes belonging enables leaders to intentionally model empathy and trust.

Closing Reflection

Inclusion is both good for the brain and good for business. When organizations prioritize belonging, they activate the neurological systems that power creativity, motivation, and purpose. Neuroscience confirms what many of us feel intuitively: humans thrive when they are seen, heard, and valued.

The systems we inherited were built for industrial efficiency, not human potential. It is time for workplaces to evolve to match what neuroscience already knows. When people belong, they perform at their best, and when organizations invest in equity and kindness, communities grow stronger, healthier, and more connected.

You Can't Pour from an Empty Cup: Self-Compassion for a Thriving Workforce

Cassie Christopher, MS RDN, Wellness Coordinator, Everett (WA) Police Department

Too often, we ask the workforce to pour from a metaphorical "empty cup," leading directly to burnout and increased incivility. This session, "You Can't Pour from an Empty Cup: Self-Compassion for a Thriving Workforce," tackles this foundational problem. We explore how developing self-compassion is not an act of indulgent self-kindness, but rather a powerful operational upskilling that builds internal resilience, drives productivity, and creates a sustainable foundation for organizational wellbeing.

To date, there are over 4,000 research articles on the various benefits of cultivating a self-compassion practice. The modern movement started with the research of Dr. Kristin Neff who, along with psychologist Christopher Germer, founded the Center for Mindful Self-Compassion. This center teaches and certifies individuals in their foundational Mindful Self-Compassion (MSC) class series.

The Three Core Elements of Self-Compassion
Self-compassion is an expansive concept underpinned by three core elements:

1. **Mindfulness vs. Dysregulation:** This involves the recognition that what you are experiencing is a form of suffering. This is the opposite of interpreting your situation and feelings from a place of dysregulation, where you might be prone to over-identify with or avoid your struggle.
2. **Common Humanity vs. Isolation:** Common humanity allows you to realize that your suffering is a normal, expected part of life, thereby removing judgment or shame related to struggling.
3. **Self-Kindness vs. Self-Judgment:** This element invites you to practice kindness toward yourself, treating yourself as you would a dear friend.

3 Elements of Self-Compassion

| Mindfulness vs. Dysregulation	Common Humanity vs. Isolation	Self-Kindness vs. Self-Judgement
This is a moment of suffering.	Suffering is a part of life.	May I be kind to myself.

Key Benefits of Self-Compassion

The benefits of increasing self-compassion are numerous. Research supports a positive association between self-compassion and several well-being and resilience outcomes, such as lowered stress and greater happiness.

Self-compassion has also been linked to:

- **Boosted Performance & Productivity:** Reducing fear and anxiety allows individuals to perform better.
- **Enhanced Resilience:** It helps individuals recover from burnout and navigate challenges with grace.
- **Improved Relationships:** It fosters empathy, leading to stronger collaborative relationships and aids in navigating interpersonal conflict more successfully.
- **Increased Motivation:** Kindness is proven to be a more effective motivator than self-criticism.
- **Greater Levels of Engagement:** Studies in nurses have shown that those with greater levels of self-compassion are also more likely to be engaged at work.
- **Improvements in Mental Health:** It is associated with a lower severity of suicidal thoughts and behaviors, along with improvements in substance use disorder outcomes.

Self-Compassion and Suicide Prevention

Dr. Jenn Stuber, the founder of the Forefront Prevention group and BHCore at the University of Washington, shared the theoretical mechanism of action behind why self-compassion reduces the risk of suicide.
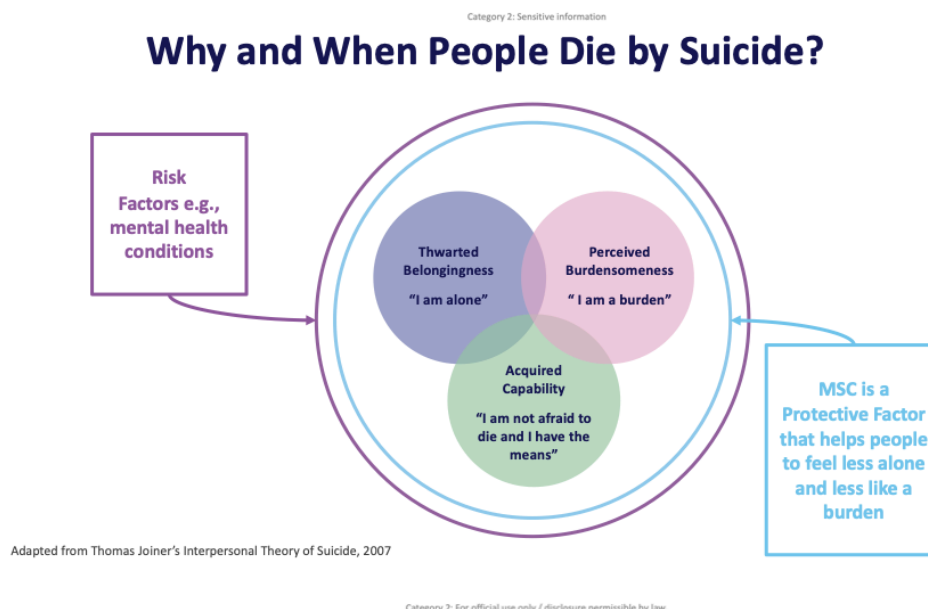
Using Thomas Joiner's interpersonal theory of suicide, the three elements of self-compassion specifically work against the thwarted belongingness and perceived burdensomeness needed to complete suicide.

Addressing Barriers to Practice

Even with all the positive benefits, two main barriers keep people from fully committing to self-compassion:

1. **The fear that self-compassion will make one soft or weak, thereby halting progress.**
   - **In Practice:** Self-compassion creates psychological safety within oneself, making it safe to honestly assess both strengths and weaknesses. It also allows a connection to intrinsic motivation—one that isn't rooted in shame—to keep momentum toward forward progress.
2. **The belief that self-kindness is equal to self-indulgence, thereby working against goals.**
   - **In Practice:** Self-indulgence is a form of avoidant coping. When an individual can harness the three elements of self-compassion, they can identify healthy coping strategies that truly address the suffering they experience.

Implementing Self-Compassion at Work

In the article *Self-Compassion and Resilience at Work: A Practice-Oriented Review*, published in *Advances in Developing Human Resources* (2020), authors Lefebvre, Montani, and Courcy synthesize available literature for human resources professionals. They found that the employees most likely to benefit from self-compassion interventions are those with the greatest levels of stress, which is likely why the bulk of workplace self-compassion research has been conducted in hospital systems with nurses and physicians.

Lefebvre et al. reported that the benefit of self-compassion seems to come from the self-awareness cultivated in practice. They found that most workplace research showing improvements in self-compassion came from implementing the Mindful Self-Compassion (MSC) class series or the Mindfulness-Based Stress Reduction (MBSR) program. Both programs are easily accessible both online and in local communities.

Harnessing Managers as Catalysts:

Engaging managers may be a good way to spread self-compassion throughout an organization. Lefebvre and colleagues found that **"leader modeling of self-compassion in training programs was a catalyst for change."** Furthermore, greater levels of self-compassion are correlated with several popular leadership styles, including servant leadership, authentic leadership, and empathetic leadership.

Lastly, in an interesting study involving wildland firefighters, researchers found a correlation between the level of self-compassion in the crew leader and the crew member's perception of the leader's effectiveness. Higher self-compassion was correlated with greater perceived leadership ability. If your organization has leadership training, the early research suggests that **training your managers in self-compassion is an effective way to disperse the benefits throughout your organization.**

Self-Compassion in Practice
While formal self-compassion training programs are available online and locally, beginning a self-compassion practice can be as easy as catching your self-critical thoughts and asking yourself, **"How would I treat a friend?"**

A few other free resources to grow your levels of self-compassion include:

- The research-validated self-compassion assessment to check your current level of self-compassion.
- Dr. Kristin Neff's self-compassion break, a five-minute meditation that trains your brain to apply self-compassion to difficulties in life.
- Chris Germer's Soften Soothe Allow audio meditation, a great practice for when you're feeling overwhelmed by uncomfortable emotions or suffering.

Selected References:

Gilbert, S., Mullen, J., Kelloway, E. K., Dimoff, J. K., Teed, M., & McPhee, T. (2021). The C.A.R.E. model of employee bereavement support. *Journal of Occupational Health Psychology*, *26*(5), 405–420. https://doi.org/10.1037/ocp0000287

Hashem, Z., & Zeinoun, P. (2020). Self-Compassion Explains Less Burnout Among Healthcare Professionals. *Mindfulness (N Y)*. https://pmc.ncbi.nlm.nih.gov/articles/PMC7481342/

Kristin Neff. (2023, January). *The power of self-compassionate motivation*. Self-Compassion.org. https://self-compassion.org/blog/self-compassionate-motivation

Lefebvre, J.-I., Montani, F., & Courcy, F. (2020). Self-compassion and resilience at work: A practice-oriented review. *Advances in Developing Human Resources*, *22*(4), 437–452. https://doi.org/10.1177/1523422320949145

Waldron, A. L., & Ebbeck, V. (2015). The relationship of mindfulness and self-compassion to desired wildland fire leadership. International Journal of Wildland Fire, 24(2), 201–211.

Healthcare Summit

Essential Skills for Leaders: Promoting a Culture of Safety and Respect

William O. Cooper, MD, MPH, Vanderbilt Health Center for Patient and Professional Advocacy

One of the hallmarks of a successful leader in healthcare is the ability to promote and sustain a culture of safety and respect. Safety and respect are hallmarks of effective individual and team function and influence the healthcare team's ability to deliver the highest quality care. Healthcare organizations that are committed to continuous pursuit of high reliability need to strive for the right balance between intentionally designed systems and accountability for professionals. Procedural timeouts, safety huddles, bar code scanning, and checklists are all examples of intentionally designed systems. However, we know that because humans operate within these systems, they may fail to follow or use the intentionally designed systems, decreasing our shared ability to achieve our intended outcomes.

At the Vanderbilt Health Center for Patient and Professional Advocacy we've measured safety and respect through unsolicited patient complaints and electronic safety event reports that describe unprofessional behavior towards coworkers. We have shown that the vast majority of healthcare team members come to work every day and behave in perfectly professional ways.[1,2] However, across all professions, 3% to 5% of individuals account for a disproportionate share, almost 50%, of the unprofessional behaviors that are recorded in healthcare organizations' data systems.[1-3] Our research has shown that patients who are cared for by physicians who model disrespect are 20% to 30% more likely to develop a surgical site infection, 20% to 40% more likely to develop sepsis, and, in trauma care, 24% more likely to die of their injuries.[4-6] We also know the physicians who model disrespect account for up to 50% of an organization's malpractice risk.[3,7]

Why might this occur? In a study of an operating room simulation, individuals exposed to dismissive behaviors were four times more likely to underperform than their peers who were exposed to normal conditions.[8] In a neonatal intensive care unit setting, Riskin showed that teams exposed to dismissive behaviors were less likely to perform at their best because they did not pay attention, they did not seek help, and they did not communicate clearly.[9]

We've learned that taking a tiered intervention approach to these behaviors can prevent subsequent behaviors before they become a pattern or persistent pattern. In our peer-delivered, tiered intervention model, individuals receive feedback as soon as possible after a single event is recorded using a "cup of coffee" conversation. A cup of coffee is a brief conversation between peers that calls to light the fact that the individual might have had other ways to respond in the

moment. We've seen that the cup of coffee is about 97% effective in preventing subsequent behaviors.[2] If a pattern develops, however, the tiered intervention model calls for increasing escalation of interventions up to and including the person's supervisor. Because individuals who require these higher level interventions have a much higher rate of burnout, difficulty with personal relationships, cognitive impairment, significant life stressors and other well-being concerns,[4,10,11] it is important for leaders at this highest level of the tiered intervention to be mindful of resources that might be made available to help the individual improve their performance.

Grounded in values of compassion, respect, justice, and dignity, leaders can be effective in addressing unprofessional behaviors when they occur and prevent patterns. This only occurs if leaders have the courage to address the behaviors, including support for an infrastructure with the right people, organization, and systems in place to ensure that every colleague who is a part of the healthcare team has the greatest opportunity to be the best version of themselves.

References

1. Pichert JW, Moore IN, Karrass J, et al. An intervention model that promotes accountability: peer messengers and patient/family complaints. *Joint Commission journal on quality and patient safety / Joint Commission Resources*. Oct 2013;39(10):435-46.
2. Webb LE, Dmochowski RR, Moore IN, et al. Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals. *Joint Commission journal on quality and patient safety / Joint Commission Resources*. Apr 2016;42(4):149-64.
3. Hickson GB, Federspiel CF, Pichert JW, Miller CS, Gauld-Jaeger J, Bost P. Patient complaints and malpractice risk. *JAMA*. Jun 12 2002;287(22):2951-7.
4. Cooper WO, Guillamondegui O, Hines OJ, et al. Use of Unsolicited Patient Observations to Identify Surgeons With Increased Risk for Postoperative Complications. *JAMA surgery*. June 1, 2017 2017;152(6):522-529. doi:10.1001/jamasurg.2016.5703.
5. Cooper WO, Spain DA, Guillamondegui O, et al. Association of Coworker Reports About Unprofessional Behavior by Surgeons With Surgical Complications in Their Patients. *JAMA surgery*. Sep 1 2019;154(9):828-834. doi:10.1001/jamasurg.2019.1738
6. Cooper WO, Foster JJ, Hickson GB, et al. A Proposed Approach to Allegations of Sexual Boundary Violation in Health Care. *Joint Commission journal on quality and patient safety / Joint Commission Resources*. Sep 1 2023;doi:10.1016/j.jcjq.2023.08.006

7.   Lagoo J, Berry WR, Miller K, et al. Multisource evaluation of surgeon behavior is associated with malpractice claims. AHRQ Patient Safety Network. *Annals of surgery*. Mar 23 2018 Mar 23;Epub ahead of print.doi:10.1097/sla.0000000000002742

8.   Katz D, Blasius K, Isaak R, et al. Exposure to incivility hinders clinical performance in a simulated operative crisis. *BMJ quality & safety*. Sep 2019;28(9):750-757. doi:10.1136/bmjqs-2019-009598

9.   Riskin A, Erez A, Foulk TA, et al. The impact of rudeness on medical team performance: A randomized trial. *Pediatrics*. Sep 2015;136(3):487-95. doi:10.1542/peds.2015-1385

10.   Welle D, Trockel MT, Hamidi MS, et al. Association of Occupational Distress and Sleep-Related Impairment in Physicians With Unsolicited Patient Complaints. *Mayo Clinic proceedings Mayo Clinic*. Apr 2020;95(4):719-726. doi:10.1016/j.mayocp.2019.09.025

11.   Trockel MT, Menon NK, Rowe SG, et al. Assessment of Physician Sleep and Wellness, Burnout, and Clinically Significant Medical Errors. *JAMA Network Open*. 2020;3(12):e2028111-e2028111. doi:10.1001/jamanetworkopen.2020.28111

Transforming Healthcare with Caring Science: From Unitary Caring to Quantum Caring Leadership at Kaiser Permanente

Rayne Soriano, PhD, RN, NE-BC, Regional Senior Director, Professional Excellence, Kaiser Permanente

At Kaiser Permanente Northern California, our work in Caring Science is grounded in the belief that extraordinary outcomes emerge when care for patients is matched with care for self and colleagues. Our organizational journey demonstrates how investing in Unitary Caring, Wellness, and Quantum Caring Leadership is not only a philosophy of practice, but also a strategy that strengthens quality, care experience, and high reliability across the system.

Unitary Caring as a Foundation

Caring Science, inspired by Dr. Jean Watson's Theory of Human Caring, provides a unifying framework for practice, leadership, and organizational culture. We draw on the 10 Caritas Processes® as a guide to embody compassion, empathy, and authentic presence in care delivery. This unitary approach integrates body, mind, and spirit, emphasizing both scientific rigor and the healing dimensions of human connection.

In Kaiser Permanente's Professional Practice Model, this translates into a culture where "Care for Self, Care for Colleague, Care for Patient" becomes more than a slogan, but it is lived daily. By enculturating Caring Science into nursing education, residencies, and leadership programs, we ensure that nurses at all levels—from students to executives—practice with a shared ethos of humanity and excellence.

Wellness as a System Imperative

Healthcare is increasingly defined by complexity, stress, and workforce challenges. To sustain resilience, we have embedded wellness and self-care practices at every level of our organization. This includes Healing Circles, a peer-support model fostering psychological safety; HeartMath® certification, helping clinicians regulate stress and sustain compassion; and Equine Leadership programs, which cultivate mindfulness, empathy, and non-verbal communication skills.

Research outcomes from our KP CARES studies confirm the measurable benefits of these investments. Nurses who participated reported:

- Significant improvements in self-care behaviors and compassion satisfaction;
- Decreased burnout and secondary traumatic stress; and
- Stronger ratings of leadership behaviors and organizational culture.

These findings affirm that caring for caregivers is inseparable from caring for patients—and that wellness initiatives directly support organizational high reliability.

Quantum Caring Leadership: A Synergistic Model

Building on this foundation, Kaiser Permanente has advanced a Quantum Caring Leadership model, developed in partnership with thought leaders including Dr. Jean Watson and Dr. Tim Porter-O'Grady. This model unites principles of quantum leadership that include nonlinearity, creativity, infinite possibilities, with the ethic of human caring.

This leadership approach is based on belonging, inclusivity, and shared values. Leaders are equipped not only with operational expertise but also with the ability to cultivate environments where diversity, equity, and compassion are seen as drivers of performance. We have integrated this into our Caritas Leadership Program, Communities of Practice, and Executive Nurse leadership development, preparing leaders to guide teams through uncertainty with resilience and heart.

Impact on Quality, Care Experience, and High Reliability

Our Caring Science journey is not abstract as it delivers results. Examples include:

- Quality: Caring Science integration has supported improvements in patient safety and reduced workforce burnout, both critical to high-reliability performance.
- Care Experience: Watson Caritas Patient Scores® and system surveys demonstrate statistically significant improvements in patient perceptions of empathy, trust, and healing presence.
- High Reliability: A culture of mindfulness and connection fosters vigilance, teamwork, and the capacity to anticipate and prevent harm.

Recognition programs such as the DAISY Awards, PETAL Awards, and the Lotus Award further reinforce and celebrate the link between human connection and clinical excellence, strengthening engagement and retention.

Key Takeaways for Leaders

From this work, three essential lessons emerged:

1. Unitary Caring is Strategy, Not Sentiment. Embedding Caring Science into systems, education, and leadership creates alignment across all levels of care.
2. Wellness Drives Reliability. Investing in caregiver well-being is inseparable from patient safety, quality, and retention.
3. Quantum Caring Leadership Shapes the Future. By embracing complexity and compassion together, leaders can navigate uncertainty while sustaining cultures of excellence.

Conclusion

As healthcare faces unprecedented demands, Kaiser Permanente's journey affirms that Caring Science is not a soft skill—it is a strategic competency. Through Unitary Caring, wellness

investments, and the adoption of Quantum Caring Leadership, we are transforming both the experience of caregivers and the outcomes for patients.

In Dr. Watson's words, "We are the light in the institutional darkness." By sustaining this light through leadership and practice, we illuminate a path toward a more humane, reliable, and extraordinary healthcare future!

Fall Think Tank

Listening as Intervention: Turning a Simple Act into a Transformative Practice

Wendy Lynch, PhD, Senior Education Fellow, HERO; Founder, Lynch Consulting

Listening is often described as a soft skill, but in this presentation, Dr. Wendy Lynch reframed it as an *intervention*—a deliberate act that can fortify relationships, improve performance, and even enhance health. Her central message: listening is not passive. It's an intentional, structured practice that validates others, strengthens connection, and drives measurable outcomes in communication, influence, and well-being.

From "Little L" to "Big L" Listening

The session opened by distinguishing between two kinds of listening. **Little L listening** includes common organizational efforts such as pulse surveys, suggestion boxes, or quick agreement-seeking exchanges like "You agree with that, right?" These are forms of listening, but they're transactional and surface-level.

Big L listening, in contrast, is transformational. It involves consistency, psychological safety, and genuine curiosity. Big L listening means giving full attention, seeking to understand, and confirming another person's value. It is not about collecting opinions, it is about building trust.

How Poorly We Actually Listen

Despite how much time we spend hearing words, humans are remarkably poor listeners. Citing research, Dr. Lynch noted that after a simple five-minute conversation, participants remembered only 23% of what was said. Observers retained even less—just 12%. People remember the first and last parts of a conversation best, while the middle often gets forgotten. These findings illustrate just how poorly we listen.

Why Listening Is So Difficult

Modern life works against deep listening. We are overloaded with devices, notifications, and competing priorities. Virtual meetings strip away body language and subtle social cues, making it harder to connect.

Even more striking, **success itself can make people worse listeners.** High achievers are rewarded for efficiency, decisiveness, and expertise—traits that often discourage curiosity. Over time, experienced professionals may assume they already know what others will say, cutting off opportunities to truly understand.

A revealing study showed that interruptions increase with rank. Entry-level employees interrupted about six times per hour; CEOs interrupted over 30 times per hour. Leaders may not realize that they have become better at "telling," and worse at hearing the people who report to them.

The Human Connection Factor

Listening is not just a communication technique—it's a relational necessity. Humans rely on facial expressions, tone, and body language to make sense of one another. When conversations move to text or email, most of those cues disappear.

In ambiguous situations, research shows that only about 7% of meaning comes from words. Nearly 40% depends on tone, and over 50% on facial expression. Without those layers, misunderstanding grows and empathy shrinks.

Listening is not just about *hearing words*—it's about *perceiving people.*

The Measurable Power of Listening

The data are clear: when people feel heard, it matters..
Active listening—especially when it includes **paraphrasing** ("It sounds like that was really important to you…")—can increase memory of conversations by 20–70%. It deepens mutual understanding and boosts trust.

Listening also enhances **influence**. Studies comparing speaking ability and listening skill found that even the most persuasive communicator loses credibility if they are a poor listener. Conversely, someone less eloquent as a speaker who listens well will be perceived as more influential.

Listening also reduces conflict. In disagreements, being heard helps people articulate their thoughts more clearly, move toward balanced positions, and become open to collaboration.

And the benefits extend to **physical health**. Research shows that when people feel heard, they experience fewer physical symptoms (such as headaches, tension, and pain) for up to 24 hours. Their mood improves, and even injury rates decline. Those who become more confident listeners also report less anxiety themselves.

A Call to Intentional Practice

The presentation concluded with an invitation to treat listening as an intentional act of care. Like any skill, it can be developed through awareness and repetition.

Listening well requires humility—the willingness to not know, to be changed by what we hear. When we do that, we not only help others feel *heard*—we help them feel *valued*.

Listening: Actions Speak Louder Than Words

Diane Bergeron, PhD, Senior Research Scientist, Center for Creative Leadership

Employees often feel unheard by their managers, despite being encouraged to share ideas and suggestions. This disconnect highlights the critical role of listening in leadership. As the World Economic Forum notes, listening is increasingly vital in today's dynamic work environment, characterized by new working styles and a hybrid workforce. Harvard Business Review and other scholars have long emphasized the importance of good listening skills, especially in the context of upward communication, now known as *employee voice*. This proactive behavior involves employees speaking up with ideas, concerns, and suggestions to improve organizational performance.

Understanding how to foster employee voice is crucial for leaders, as it leads to improved processes, innovation, creativity, and decision-making. However, employees often perceive speaking up as risky due to potential career, reputation, and relational consequences. As a result, many choose silence, depriving organizations of valuable insights and improvements.

Employees typically speak up to positively impact their organization. They evaluate the potential costs of voicing their ideas against the likelihood of making a difference, a process known as the 'safety-efficacy' calculus. Leader behaviors, particularly listening, significantly influence this decision. Effective listening can signal safety and efficacy, encouraging employees to speak up. However, there is a need to understand what specific leader behaviors make employees feel listened to and how these behaviors impact future employee voice.

The Center for Creative Leadership's research challenges the assumption that conventional 'good' listening behaviors are sufficient for employees to feel heard, referred to as *felt listening*. Through several studies, our research investigates leader behaviors that affect employees' perceptions of being listened to and how these perceptions influence future intentions to speak up.
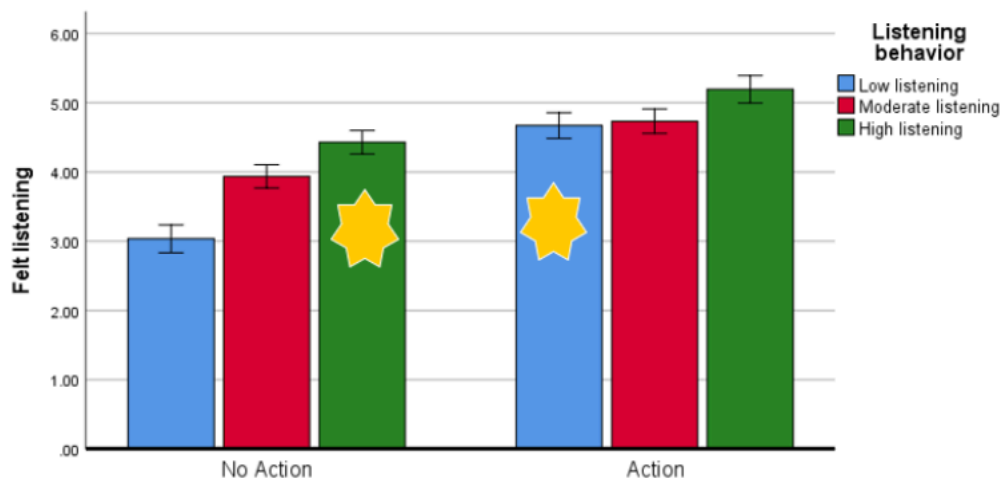
Key findings from this research highlight several important aspects of leader listening:

1. **Action Matters:** The most critical factor influencing whether employees feel listened to is how leaders respond to their input. It's not just about listening well but also about taking action based on what is heard. Our data show that it is better to be a poor listener who takes action than be a great listener who does not act on what they heard.

2. **Influence on Future Voice:** Leader responses directly affect employees' feelings of being listened to and their willingness to speak up in the future. When leaders act on employee input, employees feel heard and are more likely to continue sharing ideas and concerns. Conversely, a lack of action leads to employees feeling unheard and less inclined to speak up again.

3. **Long-term Judgments:** Employees assess leader listening over time, considering both immediate listening behaviors and subsequent actions taken on their input. Listening is viewed as a relational process, with long-term assessments playing a significant role in how employees perceive leader listening.

4. **Additional Listening Signals:** Beyond taking action, leaders must demonstrate other listening signals to encourage employee voice. These include validating and engaging with employee ideas, endorsing suggestions, and making time to listen, even if immediate action isn't possible.

In summary, this research underscores the importance of leader actions in fostering a culture where employees feel heard and are encouraged to share their voice. Leaders must go beyond traditional listening skills and actively demonstrate their commitment to acting on employee input to cultivate a dynamic and innovative organizational environment.

The full report ['Actions Speak Louder Than (Listening to) Words'] is available at no charge from the Center for Creative Leadership.

Unlocking Performance Through Presence: The Power of Active Listening and Mattering in the Workplace

Sonya Looney, MAPP, MS- Keynote Speaker, Performance Coach, World Champion Athlete

Introduction

The drive for performance and well-being in today's workplaces goes deeper than incentives or policies—it starts with people feeling that they genuinely matter. This talk explored how active listening and science of mattering are foundational to engagement, motivation, and measurable organizational success. Drawing from research and practical leadership examples, it lays out a pathway for leaders and teams to elevate both well-being and performance by simply, yet powerfully, making people feel seen, heard, and valued.

What is Mattering and Why Does It Matter?

Mattering is defined as the fundamental human need to feel significant, noticed, and relied upon. It encompasses adding value (meaningful contribution), feeling valued (receiving recognition and feedback), and being relied upon (knowing you're needed). This sense of mattering is not abstract. Studies show that when employees feel they matter, it profoundly drives engagement, energy, and resilience at work. Conversely, a 'mattering deficit'—when people feel overlooked or undervalued—is a chief driver of burnout and workplace dissatisfaction. For example, a recent survey revealed that 54% of respondents who felt unvalued or lacked belonging wanted to quit their jobs, and 30% expressed feeling invisible.

The Science of Active Listening

Active listening is identified as a potent ingredient in constructing a culture of mattering so that people can feel heard. Empathic listening—listening to understand and for attunement, not just to reply—has been described by Carl Rogers as "one of the most potent forces for change." When leaders and team members listen with genuine intention and presence, team members feel their voice is valued, which increases psychological safety. This, in turn, fosters innovation, higher performance, and more resilient teams.

Active listening is multi-dimensional: it involves noticing non-verbal cues, affirming strengths, inviting participation, and providing timely, specific recognition. It means being present and curious rather than distracted or judgmental. The Listening Lab exercise featured in the session, enables participants to experience the transformational impact of truly being heard—a practice that can be scaled up in any organization.

The process of active listening unfolds across four layers:
1. **Content level:** Attending to what is said and what it means.
2. **Person level:** Recognizing and validating emotional undertones.
3. **Global level:** Integrating verbal and nonverbal cues for full understanding.
4. **Action level:** Demonstrating responsiveness or appropriate follow-up.

Each level communicates care and builds the foundation for trust—a core driver of both performance and well-being.

Measurable Results and Organizational Impact

The emphasis on relational skills is not just a matter of good intentions—it is backed by data. According to Gallup (2025) and Workhuman (2023), employees who feel valued report 23% higher profitability, 21% greater productivity, and a dramatic 59% decrease in turnover. Organizational cultures that systematize positive microbehaviors—such as daily acknowledgment and affirming feedback—outperform those focused solely on output targets. In fact, there is a 42% reduction in burnout risk when employees report feeling heard just one point higher on a standard scale, and the highest-performing teams, as demonstrated by Google's Project Aristotle, are those with superior psychological safety—rooted in people feeling heard and respected.

Practical Application: The Three Pillars and Leader Behaviors

Implementing a culture of mattering relies on a few powerful behaviors:
- **Notice:** See, hear, and acknowledge contributions.
- **Affirm and Recognize:** Give specific and timely feedback. Don't just say "great job"—explain why it mattered.
- **Invite and Rely Upon:** Ask for input and make it clear that others' contributions are needed and valued.

The session offers micro-behaviors and scripts, such as reflecting on strengths during listening exercises and asking open, curious questions. These behaviors can be embedded into regular meetings, feedback loops, and team rituals to reinforce a sense of belonging and collective purpose.

From Individual to Organizational Outcomes

At the individual level, feeling valued energizes people, increases motivation, and supports well-being. On teams, mattering cultivates trust, encourages risk-taking, and deepens collaboration. Organizationally, these principles translate into higher engagement, greater retention, thriving creativity, and improved overall business outcomes. As Prilleltensky (2023) emphasizes, optimal environments are ones where people feel inspired, cared for, and celebrated for both who they are and what they do.

Conclusion and Call to Action

In sum, unlocking high performance is not about driving people harder, but about showing them they matter. By practicing presence, active listening, and meaningful acknowledgment, leaders and organizations can build the conditions for thriving—fueling not just results, but also fulfillment. The challenge: What's one specific action you can take, today, to help someone on your team feel heard and valued?

Beyond the survey…Ways to Make People Feel Heard

Rita G. Patel, Senior Health Strategist, Hylant and Professional Artist

In today's fast-paced, data-driven workplace, we often equate listening with surveys, metrics, and transactional check-ins. But what if listening could be more than a tool for feedback? What if it could be an intervention? If so, what does that look like?

Listening is not just about words; it's about meaning. We can use story and narrative approaches because stories reveal the complexity of human experience in ways data points do not because story is how the brain thinks. Story is how we make sense of the world. It carries our emotions, and emotions drive behavior, thoughts and experiences.

We are wired for story. Long before language, our brains used story to narrate our present and past into a future. This concept, known as *storythinking*, reveals that storytelling becomes a communication tool because it's how we think, innovate, and adapt. As Angus Fletcher writes in *Primal Intelligence*, storythinking allows us to imagine possibilities beyond the probable, helping us navigate uncertainty and drive resilience.

And at the heart of listening is emotion. Emotion drives behavior. And as Harvard psychology professor Daniel Gilbert said, "Indeed feelings don't just matter, feelings are what mattering means." When we listen for emotion, we listen for what truly motivates people. Story carries emotion, and emotion carries meaning. Lisa Cron writes in *Wired for Story*, "The understanding that the key to story – and to life – is not 'rational' thought, but emotion."

In the workplace, this means that when we ask employees to share their stories with their opinion, we tap into a deeper layer of understanding. We move beyond data points and into the realm of human experience. Imagine how much more meaningful and effective our health and well-being interventions could be if they were shaped by a deep understanding of people's lived experiences.

When people share stories, they feel seen as whole individuals, not as functions, roles or metrics. This deepens trust and connection, which are critical for mattering psychological safety, and engagement. So how do you evoke the narrative in the workplace? Prompts.

Lexicon Mapping: Language as a Lens

Language shapes our reality. I developed a tool, *Lexicon Map,* to explore the words we use to describe experiences like work-life balance or beauty. By expanding our individual and shared lexicons, we uncover themes, metaphors, and emotional truths that surveys often miss. Lexicon mapping invites employees to co-create the language of their workplace, fostering ownership and inclusion.

The Well-being Circle: A Holistic Tool

The *Well-being Circle* includes five core domains—career, social, mental, financial, and physical—and invites individuals to add three more of their choosing. This flexibility honors the uniqueness of each person's story.

By asking employees to reflect on how they feel in each domain, organizations gain insight into what matters most. It's not just about measuring burnout. It's about understanding the context behind it. This approach fosters psychological safety and opens the door to meaningful conversations.

Prompts, Images, and Participation

Listening can be playful and creative. Rita offered prompts like "Tell the story of your name", "Describe a time you felt appreciated.", "Tell us about a time when something you tried did not work." These questions evoke narrative, emotion, and reflection – the whys. Drawing and picture prompts add another layer, allowing people to express what words sometimes cannot. Even tools like pie charts can be reimagined—not as rankings, but as visual stories of stress, joy, or belonging. This participatory approach makes listening accessible and engaging.

From Transactional to Relational

These approaches have the potential to move from a transactional culture to a relational one. We move from "what we do" to "who we are." When we listen deeply, we reduce relational waste. The disconnects that erode trust and morale creating or aggravating the inefficiencies addressed in Lean Management approaches.

A Prompt to Take Back

So, what's your prompt? What one thing can you take back and apply? Whether it's asking a colleague how they're really doing, expanding your lexicon of well-being, or integrating story prompts into your next team meeting. Listening can start small and ripple outward.

As Henry David Thoreau said, "Could a greater miracle take place than for us to look through each other's eyes for an instant?" Listening is that miracle. And in the workplace, it's one we can choose to practice every day…in an uncomplicated way to reveal vital complexity.

For more information:

info@hero-health.org

(952) 835-4257

www.hero-health.org