

## Drawing Down From Crisis: More Lessons From a Soldier

Mark Hertling, DBA

Lieutenant General, US Army (Retired); Consultant to Healthcare Organizations on Physician Leadership Development, Orlando, Florida; Military and International Affairs Analyst, CNN, Atlanta, Georgia; Adjunct Professor, Crummer School of Business, Rollins College, Orlando, Florida; Dean's Alliance, School of Public Health, Indiana University, Bloomington.

Last year, I wrote an article for the *Journal of Hospital Medicine* offering tips to healthcare providers in what was then an expanding COVID-19 environment.<sup>1</sup> These lessons were drawn from my experiences during the “tough fights” and crisis situations of my military career, situations similar to what healthcare providers experienced during the pandemic.

Now, as vaccination rates rise and hospitalization rates fall, the nation and healthcare profession begin the transition to “normalcy.” What should healthcare professionals expect as they transition from a year of operating in a crisis to resumption of the habitual? What memories and lessons will linger from a long, tough fight against COVID-19, and how might physicians best approach the many post-crisis challenges they will surely face?

My military experiences inform the tips I offer to those in the medical profession. Both professions depend on adeptly leading and building a functional and effective organizational culture under trying circumstances. It may seem strange, but the challenges healthcare workers (HCWs) faced in fighting COVID-19 are comparable to what soldiers experience on a battlefield. And now, as citizens return to “normal” (however normal is defined), only naïve HCWs will believe they can simply resume their previous habits and practices. This part of the journey will present new challenges and unique opportunities.

Healthcare has changed...and so have you! Just like soldiers coming home from the battlefield face a necessarily new and different world, HCWs will also face changing circumstances, environments, and organizational requirements. Given this new landscape, I offer some of my lessons learned coming out of combat to help you adapt.

### REFLECTIONS

Heading home from my last combat tour in Iraq, I found myself gazing out the aircraft window and pondering my personal experiences during a very long combat tour commanding a multinational task force. Pulling out my green soldier's notebook, I rapidly scratched out some reflections on where I was, what I had learned, and what I needed to address personally and professionally. In talking with physicians in the healthcare

organization where I now work, this emotional checklist seems to mirror some of the same thoughts they face coming out of the COVID-19 crisis.

**Expect exhaustion.** There's a military axiom that “fatigue can make cowards of us all,” and while I don't think I had succumbed to cowardice in battle, after 15 months in combat I was exhausted. Commanders in combat—or HCWs fighting a pandemic—face unrelenting demands from a variety of audiences. Leaders are asked to solve unsolvable problems, be at the right place at the right time with the right answers, have more energy than others, be upbeat, and exhibit behaviors that will motivate the “troops.” That's true even if they're exhausted and weary to the bone, serving on multiple teams, and attending endless meetings. There is also the common and unfortunate expectation that leaders should not take any time for themselves.

During the pandemic, most HCWs reported sleeping less, having little time to interact casually with others, and having less time for personal reflection, exercise, personal growth, or even prayer. My solution for addressing exhaustion was to develop a personal plan to address each one of these areas—mental, emotional, physical, spiritual—with a detailed rest and recovery strategy. I wrote my plan down, knowing that I would need to discuss this blueprint with both my employer and my spouse, who I suspected would have different ideas on what my schedule should look like after returning “home.” Healthcare providers have been through the same kinds of stresses and need to ask themselves: What recovery plan have I designed to help me overcome the fatigue I feel, and have I talked about this plan with the people who will be affected by it?

**Take pride in what your teams accomplished.** I was proud of how my teams had accomplished the impossible and how they had adapted to continually changing situations. Whenever military organizations know they'll face the enemy in combat, they feel heightened anxiety, increased fear, and concern about the preparedness of their team. The Army, like any successful team, attempts to mitigate those emotions through training. During my reflections, I remembered the teams that came together to accomplish very tough missions. Some of those teams were those I had concerns about prior to deployment, but fortunately they often surprised me with their adaptability and successes in combat.

Leaders in healthcare can likely relate. Even in normal situations, organizational fault lines exist between physicians, nurses, and administrators. These fault lines may manifest as communication disconnects and distrust between different

**Corresponding Author:** Mark Hertling; Email: [mphertling75@gmail.com](mailto:mphertling75@gmail.com); Twitter: [@markhertling](https://twitter.com/markhertling).

Published online first July 14, 2021.

**Received:** May 26, 2021; **Revised:** June 28, 2021; **Accepted:** June 28, 2021

© 2021 Society of Hospital Medicine DOI 10.12788/jhm.3676

members who may not completely trust one another due to differences in training, culture, or role within the organization. But during a crisis, rifts dissipate and trust evolves as different cultures are forced to work together. Many healthcare organizations report that, during the COVID crisis, most personality conflicts, communication disconnects, and organizational dysfunctions receded, and organizations saw more and greater coordination and collaboration. Extensive research on leadership demonstrates that crises drive teams to communicate better and become more effective and efficient in accomplishing stated goals, resulting in team members who relish “being there” for one another like never before. These positive changes must be reinforced to ensure these newly formed high-performing teams do not revert back to work silos, which usually occurs due to distrust.

Just as important as pride in teams is the pride in the accomplishment of specific individuals during times of crisis. Diverse members of any organization deliver some of the best solutions to the toughest problems when they are included in the discussion, allowed to bring their ideas to the table, and rewarded for their actions (and their courage)! Just one example is given by Dr Sasha Shillcut as she describes the innovations and adaptations of the women physicians she observed in her organization during the COVID-19 crisis,<sup>2</sup> and there are many examples of other organizations citing similar transformation in areas like telemedicine, emergency department procedures, and equipment design and use.<sup>3,4</sup>

**Anticipate “survivor’s guilt.”** During my three combat tours, 253 soldiers under my command or in my organization sacrificed their lives for the mission, and many more were wounded in action. There are times when bad dreams remind me of some of the circumstances surrounding the incidents that took the lives of those who died, and I often wake with a start and in a sweat. The first question I always ask myself in the middle of the night when this happens is, “Why did they die, and why did I survive?” That question is always followed by, “What might I have done differently to prevent those deaths?”

As we draw down from treating patients during the COVID-19 crisis, healthcare providers must also be wary of “survivor’s guilt.” Survivor’s guilt is a strong emotion for anyone who has survived a crisis, especially when their friends or loved ones have not. Healthcare providers have lost many patients, but they have also lost colleagues, friends, and family members. Because you are in the healing profession, many of you will question what more you could have done to prevent the loss of life. You likely won’t ever be completely satisfied with the answer, but I have a recommendation that may assuage your emotions.

In combat, we continually memorialized our fallen comrades in ceremonies that are attended by the entire unit. One of my commanders had an idea to keep pictures of those who had made the ultimate sacrifice, and on my desk is a box with the 253 pictures of those dedicated individuals who were killed in action under my command or in my unit. On the top of the box are the words “Make It Matter.” I look at those pictures often to remember them and their selfless service to the nation, and

I often ask myself whether I am “making it matter” in my daily activities. Does your healthcare facility have plans for a memorial service for all those who died while in your care? Is there a special tribute in your hospital to those healthcare providers who paid the ultimate sacrifice in caring for patients? Most importantly, have you rededicated yourself to your profession, knowing that what you learned during the pandemic will help you be a better physician in the future, and do you have the knowledge that you are making a meaningful difference every day you serve in healthcare?

**Relish being home.** On that flight back to family, my excitement was palpable. But there were challenges too, as I knew I had to continue to focus on my team, my organization, and my profession. While images on the internet often show soldiers returning from war rushing into the arms of their loved ones, soldiers never leave the demands associated with wearing the cloth of the country. As a result, many marriages and families are damaged when one member who has been so singularly focused returns home and is still caught up in the demands of the job. They find it is difficult to pick up where they’ve left off, forgetting their family has also been under a different kind of intense stress.

These same challenges will face HCWs. Many of you voluntarily distanced yourself from family and friends due to a fear of transmitting the disease. Spouses and children underwent traumatic challenges in their jobs, holding together the household and piloting kids through schooling. My biggest recommendation is this: strive for a return to a healthy balance, be wary of any sharp edges that appear in your personality or in your relationships, and be open in communicating with those you love. Relying on friends, counselors, and mentors who can provide trusted advice—as well as therapy, if necessary—is not a sign of weakness, but a sign of strength and courage. The pandemic has affected our lives more than we can imagine, and “coming out” of the crisis will continue to test our humanity and civility like never before. Trust me on this one. I’ve been there.

## RECOMMENDATIONS FOR POST-CRISIS ACTIONS

These reflections open us to issues physicians must address in the months after your “redeployment” from dealing with the pandemic. When soldiers redeploy from combat, every unit develops a plan to address personal and professional growth for individual members of the team. Additionally, leaders develop a plan to sustain performance and improve teams and organizational approaches. The objective? Polish the diamond from what we learned during the crisis, while preparing for those things that might detract from effectiveness in future crises. It’s an SOP (standard operating procedure) for military units to do these things. Is this approach also advisable for healthcare professionals and teams in responding to crises?

Crises increase stress on individuals and disrupt the functioning of organizations, but crises also provide phenomenal opportunities for growth.<sup>5</sup> Adaptive organizations, be they military or healthcare, must take time to understand how the crises affected people and the organizational framework, while

also preparing for potential future disruptions. While HCWs and their respective organizations are usually adept at learning from short-term emergencies (eg, limited disease outbreaks, natural disasters, mass-casualty events), they are less practiced in addressing crises that affect the profession for months. It has been a century since the medical profession has been faced with a global pandemic, but experts suggest other pandemics may be on the short-term horizon.<sup>6</sup> We ought to use this past year of experiences to prepare for them.

**Pay attention to your personal needs and the conditions of others on your team.** After returning from combat, I was exhausted and stressed intellectually, physically, emotionally, and spiritually. From what I've seen, healthcare providers fit that same description, and the fatigue is palpable. Many of you have experienced extreme stress. I have experienced extreme post-traumatic stress, and it is important to understand that this will affect some on your team.<sup>7</sup> In addition to addressing stress—and this is advice I give to all the physicians I know—find the time to get a physical examination. While the Army requires yearly physicals for all soldiers (especially generals!), most healthcare providers I know are shockingly deficient in taking the time to get a checkup from one of their colleagues. Commit to fixing that.

**Reflect on what you have learned during this period.** Take an afternoon with an adult beverage (if that's your style) and reflect on what you learned and what others might learn from your unique experiences. Then, take some notes and shape your ideas. What did you experience? What adaptations did you or your team make during the pandemic? What worked and what didn't? What things do you want to sustain in your practice and what things do you want to eliminate? What did you learn about the medical arts...or even about your Hippocratic Oath? If you have a mentor, share these thoughts with them; if you don't have a mentor, find one and then share your thoughts with them. Get some outside feedback.

**Assess team strengths and weaknesses.** If you're a formal physician leader (someone with a title and a position on your team), it's your responsibility to provide feedback on both people and processes. If you're an informal leader (someone who is a member of the team but doesn't have specific leadership responsibilities outside your clinical role) and you don't see this happening, volunteer to run the session for your formal leader and your organization. This session should last several hours and be held in a comfortable setting. You should prepare your team so they aren't defensive about the points that may arise. Determine strengths and opportunities by asking for feedback on communication, behaviors, medical knowledge, emotional intelligence, and execution of tasks. Determine which processes and systems either worked or didn't work, and either polish the approaches or drive change to improve systems as you get back to normal. Crises provide an opportunity to fix what's broken while also reinforcing the things that worked in the crisis that might not be normal procedure. Don't go back to old ways if those weren't the things or the approaches you were using under critical conditions.

**Encourage completion of an organization-wide after-action review (AAR).** As I started writing this article, I watched CNN's Dr Sanjay Gupta conduct a review of actions with the key physicians who contributed to the last administration's response to the pandemic. In watching that session—and having conducted hundreds of AARs in my military career—there was discussion of obvious good and bad leadership and management procedures, process issues that needed to be addressed, and decision-making that might be applauded or questioned. Every healthcare organization ought to conduct a similar AAR, with a review of the most important aspects of actions and teamwork, the hospital's operations, logistical preparation, and leader and organization procedures that demand to be addressed.

The successful conduct of any AAR requires asking (and getting answers to) four questions: What happened? Why did it happen the way it did? What needs to be fixed or "polished" in the processes, systems, or leadership approach? and Who is responsible for ensuring the fixes or adjustments occur? The facilitator (and the key leaders of the organization) must ask the right questions, must be deeply involved in getting the right people to comment on the issues, and must "pin the rose" on someone who will be responsible for carrying through on the fixes. At the end of the AAR, after the key topics are discussed, with a plan for addressing each, the person in charge of the organization must publish an action plan with details for ensuring the fixes.

Like all citizens across our nation, my family is grateful for the skill and professionalism exhibited by clinicians and healthcare providers during this devastating pandemic. While we are all breathing a sigh of relief as we see the end in sight, true professionals must take the opportunity to learn and grow from this crisis and adapt. Hopefully, the reflections and recommendations in this article—things I learned from a different profession—will provide ideas to my new colleagues in healthcare.

---

Disclosures: The author reported no conflicts of interest.

## References

- Hertling M. Ten tips for a crisis: lessons from a soldier. *J Hosp Med*. 2020;15(5):275-276. <https://doi.org/10.12788/jhm.3424>
- Shillcut S. The inspiring women physicians of the COVID-19 pandemic. *MedPage Today*. April 9, 2020. Accessed July 7, 2021. <https://www.kevinmd.com/blog/2020/04/the-inspiring-women-physicians-of-the-covid-19-pandemic.html>
- Daley B. Three medical innovations fueled by COVID-19 that will outlast the pandemic. *The Conversation*. March 9, 2021. Accessed July 7, 2021. <https://theconversation.com/3-medical-innovations-fueled-by-covid-19-that-will-outlast-the-pandemic-156464>
- Drees J, Dyrda L, Adams K. Ten big advancements in healthcare tech during the pandemic. *Becker's Health IT*. July 6, 2020. Accessed July 7, 2021. <https://www.beckershospitalreview.com/digital-transformation/10-big-advancements-in-healthcare-tech-during-the-pandemic.html>
- Wang J. Developing organizational learning capacity in crisis management. *Adv Developing Hum Resources*. 10(3):425-445. <https://doi.org/10.1177/1523422308316464>
- Morens DM, Fauci AS. Emerging pandemic diseases: how we got COVID-19. *Cell*. 2020;182(5):1077-1092. <https://doi.org/10.1016/j.cell.2020.08.021>
- What is posttraumatic stress disorder? *American Psychiatric Association*. Reviewed August 2020. Accessed July 7, 2021. <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>