Inspiring and leading change in turbulent times: The role of resilience in healthcare leadership

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Abstract The recent COVID-19 pandemic has magnified the chronic stressors that healthcare leaders deal with, which can lead to significant burnout. This paper argues that leaders have the ability to influence and impact their teams' and organisations' resilience through their words and actions. But in order to do that leaders first have to build and maintain their own self-resilience. Drawing on the latest research and compelling case studies based on his executive coaching experience, the author proposes a practical model of resilience that he has used with numerous leaders. This evidence-based model focuses on the importance of optimism, empathy and gratitude, on the one hand, and self-care behaviours such as strategic resting, taking time for reflection, realistic boundaries between professional and personal lives, and healthy sleep habits, on the other. The paper recommends practical behaviours that can enable leaders to manage the extreme demands on their time in order to build and maintain their own resilience, as well as that of their teams and organisations. It ends with a short case study describing the importance of resilience for a healthcare leader that the author has coached.

KEYWORDS: resilience, self-care, optimism, empathy, appreciation, rest

INTRODUCTION

Resilience has always been an important attribute for leaders, especially in healthcare organisations. The COVID-19 pandemic, however, has magnified the setbacks and stressors that healthcare leaders typically

deal with. Transitioning from testing to vaccinations, dealing with new virus variants and managing a hybrid workplace are extraordinary new challenges that are causing leaders to experience 'pandemic fatigue', 'mental fogs', 'work/life blurs', an 'extended

vacuum' and an 'endless wait' for things to go back to normal. As a result, there is in an increased need for leaders to develop and maintain resilience. Before we discuss how to achieve that, it is important to define what resilience is. A common understanding of resilience is the ability to handle setbacks and to deal with chronic stress.^{2,3} Setbacks are personal and professional challenges that may impact leaders negatively. And while some stress is inevitable, chronic stress can lead to extreme exhaustion and burnout and therefore needs to be prevented or at least mitigated. As Hans Selye, the Hungarian endocrinologist who coined the term 'stress' noted: 'It's not stress that kills us, it is our reaction to it'.4 The main idea in this paper is that leaders have the ability to influence and impact their team's and organisation's resilience through their words and actions. But in order to do that they have to build and maintain their self-resilience first.

TEAM AND ORGANISATIONAL RESILIENCE: REALISTIC OPTIMISM

Let us start with a basic question: what type of people are more resilient and therefore better able to handle setbacks? In an experiment published in 1975 by Donald Hiroto and Martin Seligman, subjects were randomly divided into three groups. Those in the first group were exposed to a loud noise that they could stop by pushing a button in front of them. The participants in the second group heard the same noise but could not turn it off even if they pushed the button. Those in the third group, the control group, were not exposed to any noise. The following day, all the subjects were similarly exposed to the loud noise that they could turn off by pushing a button in front of them. The participants who were in the first and third groups immediately pushed the button to stop the noise. Most of those who were in the second group, however, did nothing. Since they had pushed the button

repeatedly on the first day with no success, they stopped trying on the second day. They developed what psychologists call 'learned helplessness'. Interestingly, however, about one-third of the participants in the second group did not develop learned helplessness and actually pushed the button despite the setbacks of the previous day. Researchers have discovered that what set this minority apart is their optimism.⁵

Optimistic people interpret setbacks in a unique way. They view them as temporary ('it's going away quickly'); local ('it's just this one situation'); and changeable ('I can do something about it'). For example, in the last year, I worked with many healthcare leaders who demonstrated this type of optimism in dealing with the setbacks presented by the COVID-19 pandemic. They understood that the virus was serious and may take a long time to control, but they always believed that it would be under control at some point in the future. And while they knew that they were dealing with a global pandemic, they chose not to generalise the negativity to all aspects of their professional and personal lives. Instead, they tried to focus on the positive things and to demonstrate gratitude for them, no matter how hard that was. And, finally, and perhaps most importantly, they believed that they had a role to play in dealing with the pandemic. They knew that they could not find a cure or a vaccine themselves, but they intentionally focused on their areas of influence in terms of prevention and safety protocols.

It is important to note, however, that this optimism is not a naïve one: it is a realistic optimism that is balanced with confronting the brutal facts. This concept is similar to that of the 'Stockdale Paradox' highlighted by Jim Collins in his classic book *Good to Great*. Collins told the story of Admiral Jim Stockdale, a United States military officer who was held captive for eight years during the Vietnam War. Stockdale endured miserable conditions in which he was tortured more than twenty times by

his captors. Despite the grave situation he was in, however, he always believed that he would prevail and be reunited with his family. Similarly, leaders of organisations that achieve great success always have a realistic assessment of the tough situations they are facing and also have the confidence to continue to believe that they will overcome these situations. 6 This is the type of optimism that fuels resilience. Numerous research studies have documented the positive effects of this optimism. For example, a study of professionals at hundreds of companies across industries has revealed that optimists are 40 per cent more likely to get a promotion the following year, six times more likely to be highly engaged in their work and five times less likely to burnout. It is clear that realistic optimists are more resilient: they deal better with chronic stress and can keep burnout at bay more effectively.7

How can leaders convey that optimism and positivity to their team members? In 2018, Genesis Medical Center in Davenport, Iowa, was experiencing serious financial difficulties while employee morale was low owing to recent layoffs. The chief executive officer made the decision to inject some optimism and positivity in the organisation. In collaboration with Harvard-trained researchers, an optimism programme was designed with a focus on gratitude exercises, recognition and appreciation of staff and providers, and intentional acts of empathy and kindness by leaders. The leaders of the departments that chose to be part of the programme committed to customising these practices to their own culture and employees. The results showed that in these departments the percentage of respondents who reported that they were happy at work increased from 43 per cent before the programme to 62 per cent after it. Individuals feeling burned out decreased from 11 per cent to 6 per cent, while individuals reporting 'high stress at work' also decreased by 30 per cent.8 These positive results indicate that it is precisely in the midst of a setback or challenging times

that leaders should be actively displaying realistic optimism and encouraging positivity in their organisations.

TEAM AND ORGANISATIONAL RESILIENCE: EMPATHY AND COMPASSION

An important aspect of the changes that were implemented at Genesis Medical Center were related to the empathy and compassion that team leaders conveyed towards their employees. Within the context of leadership, empathy and compassion operate at three different levels. At the cognitive level, they tell the other person *I understand you*. At the emotional level, they tell them *I feel for you*. And finally and perhaps most importantly, at the behavioural level, they tell them *I want to help you*.

Why are empathy and compassion so important for teams and organisations? Research by Gallup has shown that people who believe that someone at work cares about them as persons are more likely to stay in the organisation, have more engaged customers, are more productive and generate more profits for their organisation.9 Empathy and compassion, while commonly viewed by some as 'soft' aspects of leadership, can actually impact turnover rates, customer engagement, productivity and the financial bottom line. Similarly, a study of employees and patients in long-term care facilities compared teams with cultures characterised by compassion, caring, tenderness and affection with other teams in the organisation. The employees working in these empathetic teams reported increased satisfaction and teamwork, reduced absenteeism and less emotional exhaustion, while the patients receiving care from these teams had better mood, better quality of life and satisfaction and even fewer trips to the emergency room.¹⁰

One way that leaders can show their compassion towards their team members during the current challenging times is to start every Zoom call or meeting by asking them: 'What have you done in the last week to take care of yourself?' When the leader starts asking these types of questions, they give permission to their team members to focus their attention on self-care and self-resilience, with no shame or guilt. Moreover, leaders can be intentional about checking on teams and staff members with the aim of building and maintaining their resilience. For example, as they are checking, they can ask questions such as:

- How is your family doing?
- What is working well for you in self-care?
- Do you have the skills to build and maintain your own resilience?
- Is there someone that has shown you compassion and support during a tough time that we can recognise?
- Are there things that we could be doing better as a team or organisation to support your resilience during these challenging times?

TEAM AND ORGANISATIONAL RESILIENCE: GRATITUDE AND APPRECIATION

The last practice that is a proven means of improving team and organisational resilience is gratitude and appreciation. Gratitude is the emotion of being thankful for the gifts and blessings that one has in one's life and for the good things that others may have done for them. Remembering all the good things that are there in your personal and professional lives allows leaders to build and maintain that optimism that we discussed earlier. But gratitude by itself is not enough. The novelist Gladys B. Stern was right when she noted that 'silent gratitude isn't much use to anyone'. Leaders have to express the feeling to others by showing them that they are thankful through their words and actions. While gratitude is a feeling, appreciation and recognition require action.

We know intuitively that appreciation and recognition have a positive impact, but does the research support that? Professors Adam

Grant and Francisca Gino conducted a study among fundraisers at a public university. The fundraisers were divided into a control group and gratitude group. Those in the control group went about their work of calling potential donors as usual. Those in the gratitude group, however, received a visit from the director of annual giving, where she expressed to them, 'I am very grateful for your hard work. We sincerely appreciate your contributions to the university'. Since all the fundraisers received a fixed salary and were not receiving any commission, the researchers tracked the number of purely voluntary calls that they made — ie calls that they initiated for no other reason than to help the university. The fundraisers that heard the expression of gratitude from the director made 50 per cent more voluntary calls to donors than those who did not.¹¹

This experiment shows that when leaders explicitly express their appreciation to their team members, they are much more likely to engage in what researchers call 'pro-social behaviours'. They help not only the person that asks them for additional help, but also other people and the organisation more, even if they do not get anything in return from that additional help. Many leaders wonder how they can get their employees to put more than minimum effort and to be more engaged in their work. It is clear that expressing genuine gratitude for their efforts can powerfully enable people to go above and beyond what is expected of them.

A few years ago, LinkedIn implemented a new peer-to-peer recognition programme, called 'Bravo!', in which executives and employees at all levels could give monetary awards to each other at any point in time. The awards carried different values, the average award being about US\$135. While this is significant, the main intention was not to give a large sum of money but to express sentiments of gratitude. The programme was well received and widely adopted across the organisation. A clear 'pay-it-forward' pattern emerged: when an employee was recognised,

he or she was more likely to recognise two other people in the organisation. More awards also lead to better retention rates and performance ratings. An employee who received four or more awards had a 10-percentage-point higher retention rate than a peer who did not receive any awards. Similarly, an employee who received three or more awards improved his performance rating by 54 per cent year over year. ¹²

Leaders aiming to build a resilient team need to develop the habit of expressing their appreciation to others. One approach is to meet employees who work in different buildings or sites, physically or virtually. They can ask employees about their families or their weekend plans. They can then proceed to ask about possible wins that their team may have witnessed recently. And then they can ask them: 'Is there anyone you would like to recognise? Is there someone on your team going above and beyond? I would like to send them a "thank-you" note. They write down everything they hear and then they follow up. Their employees will see this exercise as a breath of fresh air and radical change from old-fashioned approaches where the only time their manager came to talk to them was when they were in trouble.

SELF-RESILIENCE: RECHARGING, NOT ENDURING

Showing optimism, empathy and appreciation requires intentionality, energy and commitment from leaders. In order to do this consistently, leaders need to take care of themselves to build their own resilience. It is impossible to show compassion towards others without self-compassion first. One of the most important mindset shifts for leaders to develop and maintain resilience is to realise that resilience is about how they recharge, not how they endure. The old-fashioned way of thinking, especially in healthcare, assumed that enduring, suffering, powering through and grinding out were the

hallmarks of resilience. Recent research, however, has revealed that this view is very different from what resilience actually is. The modern evidence-based model of resilience focuses on recharging, recovering, refuelling and resting. ¹³ Leaders will not achieve resilience if they continue to believe that if they do not handle all the tasks themselves, their work will fall apart. Other common mindset obstacles include worn-out beliefs that leaders should work every evening, weekend and vacation non-stop and that this is the only way to demonstrate loyalty and commitment to the team and to the organisation.

The importance of recharging for leaders has been documented by research that focuses on extreme working conditions. In a landmark study, Professor Alexandra Michel observed young investment bankers that worked 15 hours per day (8.00am-11.00pm) for several years to better understand the impact of this sort of gruelling schedule. The physical impact on the young bankers started with dramatic weight change, hair loss, panic attacks and progressed to high rates of diabetes, heart problems and even cancer. More seriously, perhaps, were the mental consequences such as addiction (drugs, alcohol, pornography), loss of empathy, depression and anxiety. One of the bankers interviewed in the study was quoted describing how he behaved towards their colleagues: 'When you lose the feeling for your body, and compassion and respect for yourself, you do the same to others. Bankers who have been riding themselves become people-eaters'. 14 Healthcare leaders may wonder about the relevance of this type of research to their day-to-day work lives. A closer examination, however, reveals important similarities. The working conditions of any healthcare leader, especially during the COVID-19 pandemic, include high workload and stress, unrelenting pace, long hours, rapid change, high expectations and emotionally draining work. This leads to chronic exhaustion and burnout — a

term that should apply not only to clinical providers but also to leaders at all levels.

In my leadership seminars, when I present the aforementioned data and highlight the importance of recharging by taking time off work, many leaders object to the idea because they believe it might impede their career advancement. Recent research, however, finds that taking time off work can actually help improve career prospects. A study comparing professionals who took at least 11 days of vacation per year with those who did not has revealed that the latter are significantly more likely to have received a raise or bonus in the three years preceding the study. 15 There is a data-driven case for leaders to take a vacation in order to rest and to come back fully recharged and ready to take on serious work challenges.

SELF-RESILIENCE: REST AND REFLECTIONS

In the book titled Peak Performance, performance coaches Brad Stulberg and Steve Magness studied the training habits of high-performing athletes that have won Olympic gold medals and triathlon competitions.16 After years of research and observations, they summarised their findings with a simple equation: Stress + Rest =Growth. They revealed that a certain level of stress is necessary for athletes, regardless of the sport they are engaged in. What is more important is that rest is a crucial part of the training, in order to lead to success and growth. What separates the peak performing athletes from the merely good ones is that they treat rest as part of the training, not as something detached from it. While the challenges faced by healthcare leaders differ from those faced by athletes, there are important lessons for them to learn from the aforementioned growth equation and to start treating rest as part of the job, not as a luxury. It is time for leaders to recognise that for human beings' operating systems, rest is a feature, not a bug. 17

Some of the leaders that I interact with are starting to realise that rest is not something that the world is going to give them. If they want rest, they have to take it by being intentional about scheduling strategic breaks throughout the day, taking time off for lunch and going out on some days and occasionally coming in late or leaving early. 18 This rest time can be spent just enjoying the outdoors or taking a walk or could be dedicated to reflection. Regardless, it is highly advised that this time is spent in solitude, away from co-workers and family members. Jim Mattis, the Four-star General & Former Secretary of Defense, astutely observed: 'If I were to sum up the single biggest problem of senior leadership in the Information Age, it's lack of reflection. Solitude allows you to reflect while others are reacting. We need solitude to refocus on prospective decision-making, rather than just reacting to problems as they arise'. 19

Leaders will benefit from scheduling some reflection time in order to zoom out from the day-to-day issues and to focus on big-picture strategic initiatives or career planning. This could be achieved by staying away from any device (laptop, phone, etc.) and sitting in a room with a pen and paper to record thoughts. Some leaders find it very helpful to develop a journaling habit of regularly writing their ideas and reflecting on events they have encountered. Other leaders find that meditation (of any type) is what allows them to stay centre and present. If these practices sound as if they require precious times that most healthcare leaders do not have, it is important to remember that a flexible approach is needed, whereby leaders can block small amounts of time, such as 10 minutes for a walk after lunch or 20 minutes for deep reflection every Monday morning. A practical exercise that I recommend is the '3 by 2 Morning Prioritisation', in which a leader, instead of jumping straight into answering e-mails, can start their day with:

- 2 minutes: Sit and let the mind settle into focus, calm and clarity
- 2 minutes: Consider most important priorities for the day
- 2 minutes: Plot priority activities into calendar

This practice, which takes only 6 minutes every day, was popularised by the consulting firm Accenture and can significantly improve presence and focus.

SELF-RESILIENCE: BOUNDARIES AND SLEEP

Achieving work-life balance, especially during a crisis, is not a realistic goal for healthcare leaders. Instead, the aim should be to achieve alignment by establishing boundaries between professional and personal lives. Setting boundaries is about deciding when to work and when not to work. But leaders need to acknowledge that sometimes they have busy seasons with extreme imbalances. The important consideration is to be flexible and to work intentionally to re-establish the boundaries when the busy season is over. For example, a leader may set the following rules for herself: no work after 7.00pm on weeknights and no work on Sundays or days off. She realises, however, that she works in a 24/7 industry where people's lives are at stake, and she therefore builds in flexibility by aiming to follow these rules 85 per cent of the time. It is a practical approach that recognises that leaders may need to work on evenings and weekends during busy seasons with tight deadlines, but only as an exception, not as the rule.²⁰

In addition to resting, reflecting and setting boundaries, leaders should intentionally work to set healthy sleeping habits. More than 17,000 well-scrutinised scientific reports and peer-reviewed papers have revealed that healthy sleep enhances memory and improves creativity. It wards off colds and the flu and has a protective effect

against cancer and dementia. It lowers the risk of heart attacks, strokes and diabetes. It also leads to people feeling happier, less depressed and less anxious. ²¹ While this topic may sound like a trivial one for busy leaders with massive responsibilities, leaders are highly advised to drop the old saying 'I will sleep when I am dead'. Those who are serious about their resilience, effectiveness, proactive decision-making and presence need to ensure they get enough sleep every night.

SELF, TEAM AND ORGANISATIONAL RESILIENCE: THE CASE OF DENEESE

To conclude this paper, I will share a short case from my coaching experience that will bring together most of the practices discussed so far. Deneese (not her real name), a young leader in a large metropolitan hospital, had been working with me since before the COVID-19 crisis started. She was chosen for the coaching programme because the senior leaders in the organisation believed that she had great potential. An emotional intelligence assessment revealed strong areas, especially in terms of self-regard, assertiveness and problem-solving. Just like any other leader, however, she had some areas for improvement, having scored low on empathy and very high on stress tolerance.

Empathy, in this context, is the ability to recognise, understand and appreciate the way others feel. Deneese's results suggested that it was difficult for her to display empathy on a consistent basis. She admitted that she found it hard to step into others' shoes, particularly when their views were radically different from hers. As we discussed different situations at work, Deneese explained that when she makes decisions she is typically more focused on facts than others' feelings and reactions. This sometimes led her to misread others' thoughts and emotions. It was difficult for her to articulate her colleagues' perspectives, and she found that others' emotions often eluded her or caught her by surprise. I suggested that her preference

to remain slightly detached may be coming at the expense of creating collaborative relationships.

Stress tolerance, on the other hand, is the ability to cope with and respond effectively to stress and mounting pressure. Deneese's score indicated that she is well armed to withstand stress, frequently drawing on her repertoire of effective coping strategies. She is usually able to manage her emotions, remain composed and maintain her performance, even when times get rough. The high score, however, indicated that her high resilience may cause her to miss signs of her own exhaustion and burnout and to expect the same resilience from her team members.

As soon as COVID-19 started to hit the community in which her hospital is located, Deneese was charged with a major project: the redeployment of 15,000 employees to various new areas. For example, the intensive care unit needed to increase its capacity by more than 50 per cent, and nurses needed to be retrained and redeployed to these areas from medical/surgical units. Remembering our conversation about empathy and stress tolerance from a few weeks before, Deneese realised that holding the nurses to the same expectation for tolerating stress may come across as cold, un-empathetic and even unrealistic, especially when some of the younger and less experienced nurses may not be as resilient as she is. Therefore, she decided to put into practice two of the empathy tactics that we had worked on: active listening and connecting on a personal level. As she held group and individual meetings with the nurses undergoing the changes, she listened to them without interrupting, and with curiosity and compassion. She also took the time to connect with them at a personal level by asking them about their children, parents, pets and hobbies. In her future interactions with them, she drew on that knowledge to show her sensitivity to their

needs by asking them: 'You must really be feeling stressed with two kids at home and no child care available. How can we help?'

Deneese realised that in addition to maintaining her team's resilience, she needed to maintain her own resilience first. Despite her high stress tolerance, she became intentional about having a morning routine with quick journaling and meditation; taking short, 10-minute, breaks throughout the day; and being intentional about going on the treadmill for 20 minutes in the evening. Deneese's own resilience and stress tolerance helped her deal effectively with the various changes resulting from the COVID-19 pandemic . But it was her awareness that others may not have the same levels of stress tolerance and her newly developed empathy that enabled her to support the nurses. Her commitment to show up every day as an emotionally intelligent leader ensured that the redeployment project was implemented successfully across the organisation.

High-performing healthcare leaders like Deneese realise that they need to 'put on their oxygen mask first', so as to be able to help others breathe better.²² In the fight to maintain personal, team and organisational resilience, optimism, empathy and gratitude combined with self-care behaviours will prove to be very valuable for all types of leaders.

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