The experience of gratitude is an important part of psychosocial well-being for everyone. With all the daily challenges and unknowns in our lives (especially during the pandemic), expressions of gratitude can provide much-needed affirmation to help us get through a tough day and lift our spirits, and even to remind us of why we chose this work.

In his book *Crave: You Can Enhance Employee Motivation in 10 Minutes by Friday* (Brand At Work, 2018), Gregg Lederman says that what people crave most is “genuine appreciation for the work they do; how they do it, and how they make a difference in the world around them.” Specifically, people need respect for the work they do; they need to know that what they do has purpose and makes a difference, and that stronger connections with people (especially an immediate manager/supervisor) contribute to the organization’s success.

In their article “Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic” (*JAMA* 2020;323:2133–2134), Tait Shanfeld, MD, and colleagues point out, “Gratitude from leaders rings hollow if not coupled with efforts to hear, protect, prepare, support, and care for health care professionals in this challenging time.” Notice the word efforts, which implies action. If leaders do not take action to tend to the staff’s needs, the staff will not trust their expressions of gratitude.

Another perspective on expressing gratitude comes from the Rev. Carla Cheatham, PhD, a consultant on spirituality and bereavement issues in hospice care. Her discussion of “How Thank You for All You Do! Can Backfire” speaks to our tendency to add generic thank-you phrases on emails or in person (Carla Cheatham Consulting Group, Oct. 27, 2016; https://bit.ly/3gcQFq2).

As Rev. Dr. Cheatham writes, “When it becomes rote, we stop believing you and feel like it’s just a campaign slogan. It feels kinda like we’re being played or duped into feeling appreciated, especially if nothing else in the organization actually changes other than your signature line to us. It just doesn’t feel good when it begins to seem automatic rather than something you’ve actually thought about, which I completely trust is NOT your goal, at all.”

So what to do instead? When expressing gratitude, be specific. For example, “Tanisha, I saw how you were so kind when Mrs. Jones was crying. You were patient and listened quietly as she talked about missing her family. Thank you for being a good role model for us all and reminding us of the importance of slowing down and being present with people.” Or “James, lunch was delicious! I really enjoyed the enchiladas, and they reminded me of my favorite restaurant. I also noticed the extra effort with decorating the dessert plate with the strawberry cream. Yum!” These statements are specific, and they highlight the actions that the individual accomplished. The administrator could have easily just said, “Thanks!” or “Good job!” — but those statements are generic and rote, even if they were said with the truest of intention.

There are two more important concepts to consider when discussing gratitude: appreciation and recognition. Both are important, and they are different. Ordering pizza for everyone is an example of appreciation. Everyone enjoys the treat (who doesn’t love pizza?), and it serves the general purpose of providing a feel-good experience. The group is treated as one entity, and all participate in the experience.

Recognition, on the other hand, focuses on an individual and identifies the actions by that individual — why that person is important to the organization, what that person did for a resident that was special, or how that person has made a specific contribution to the team. As Lori Porter of the National Association of Healthcare Assistants has pointed out, when a resident tells a certified nursing assistant “That’s the best bath I’ve ever had!”, it’s an example of recognition: it describes what the individual did (or said) that was special or important.

Let’s take this concept of recognition a step farther and consider “strategic recognition,” a management technique taught by human resources consultant Josh Bersin. To explain this concept, I’ll start by telling a “recognition story.”

My geriatrician husband received a call from Abu, a nurse in their post-acute and long-term care community, to let him know that the transportation hadn’t shown up to take one of their residents to dialysis. The resident (whom I’ll call Ms. Lopez) was upset and crying about missing her treatment. Abu and Melissa, a certified nursing assistant, solved the problem by wheeling Ms. Lopez up to the dialysis center, about two blocks away. They reorganized their morning to accommodate this extra task, outside of their usual job duties.

**Action:** Abu and Melissa took the time to transport Ms. Lopez to dialysis when her transportation didn’t show up and she was tearful about missing her treatment. They wheeled her in 90-degree weather two blocks to the dialysis center — uphill, literally! They reorganized their morning to accommodate this extra task, outside of their usual job duties.

**Focus:** Abu and Melissa upheld our company’s core value of compassion by listening to Ms. Lopez, her frustrations and needs. They empathized with her, and they recognized how much she depends on the staff for all her care needs. They also upheld our value of empowerment by selflessly giving their time and energy to do what is best for another person, even under difficult circumstances with the pandemic.

**Impact:** Because of their actions, Ms. Lopez received the essential medical treatment she needed, and she did not suffer the discomfort of a missed dialysis appointment. Abu and Melissa demonstrated the freedom to problem solve in a way that advocated for Ms. Lopez and her care needs. They are role models for us all!

A recognition story is an excellent way to offer a gratitude practice that demonstrates thoughtfulness and appreciation more deeply than just “thank you.” Even with the extraordinary working and living conditions we’re all experiencing, we witness many acts of kindness, selflessness, and compassion. Recognizing these efforts can uplift our spirits and help create a workplace culture that supports staff, empowers residents, and helps everyone be more engaged.

Ms. Hector is a licensed medical social worker, speaker, and the associate editor of *Caring for the Ages*.

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**Truth-Telling in Times of Crisis**

By Joanne Kaldy

In “Truth-Telling, Equity, & Professionalism: Lessons in Leadership from the COVID Frontlines,” James Wright, MD, PhD, MATS, CMD, shared his very personal journey through the COVID-19 pandemic and related how truth-telling was his companion throughout. This partnership was important, he said, because “truth-telling is not only part of our professional code. It is the currency by which we purchase the trust of the community.”

**The Ugly Truth**

When COVID-19 hit one of Dr. Wright’s facilities in Virginia, the truth was not pretty. They had a total of 140 infections and 51 deaths in 6 weeks. “It was the darkest time of my career,” he said. As the situation at his facility gained public attention, Dr. Wright was asked to speak to the media, and he did so honestly. He said, “I wanted the public to know that society had set up facilities that were perfect for a virus like COVID-19.” In an April 14 interview, he was quoted as saying, “A publicly funded nursing home is a virus’s dream. People are close together. Their immune systems are compromised. It is just a tinderbox for that match.”

After his first interview, the facility’s corporate lawyer expressed concerns about Dr. Wright’s comments. He said, “I agreed we would go back to a PR company producing statements, and I would review and submit them. That lasted for about 30 minutes.” A few months later he was relieved of his medical director duties at that facility.

**Truth and Consequences**

Dr. Wright said, “We recognize the impact of truth-telling.” Honesty comes with consequences. However, despite the risks involved, he stressed, “Truth-telling is not only part of our professional code. It is the foundation of informed consent, and informed consent is the..."
foundation of patient autonomy.” He observed that this is part of our “ongoing contract with society, and they are watching us closely to make sure we are adhering to it.”

Dr. Wright also observed that truth-telling is the foundation of all advocacy, and he has made the most of this opportunity in recent months. “My goal in truth-telling was partly to advocate for the most disenfranchised population in the country.”

While truth-telling is a standard of care for physicians, Dr. Wright admitted that it’s not always easy. He said physicians are “relatively powerless” against entities with money, power, and the ability to make or break careers. “There are real threats and real reasons not to tell the truth.” Yet, he stressed, “the power you have to advocate for your patients really comes down to the truth. That really is the only power you have. Don’t forget to use it.”

What Is Truth?
The COVID-19 pandemic and experiences like Dr. Wright’s have brought the concept of truth to the forefront. In this era of “post-truth,” Robert Zorowitz, MD, MBA, FACP, AGSF, CMD, regional vice president of health affairs, Northeast Region, Humana, Inc., talked about how the line between truth and misconceptions, opinions, and theories has been blurred during the pandemic. He quoted from a Lancet article: “The tidal wave of information on the internet concerning the COVID-19 pandemic has resulted in difficulties in discerning truth from fiction. This so-called infodemic, defined by [the World Health Organization] as an ‘overabundance of information — some accurate and some not — that makes it harder for people to find trustworthy sources and reliable guidance when needed,’ has become a major threat to public health” (2020;396:291).

In medicine, Dr. Zorowitz said, “truth is the combination of fact(s) with its relevant caveats and uncertainties.” He admitted that truth-telling in medicine has changed through the years. “We have not always been clear about our duties to tell the truth.” For instance, he cited a 1961 survey of U.S. physicians in which 90% of respondents said they wouldn’t reveal a cancer diagnosis to their patients. This was in contrast to a 1979 survey in which 97% of respondents said they would tell a patient about such a diagnosis.

These days, Dr. Zorowitz said, “we feel more of an obligation to tell the truth.” He cited the American Medical Association (AMA) Code of Medical Ethics, which states in part, “Truthful and open communication between physician and patient is essential for trust in the relationship and for respect for autonomy. Withholding pertinent medical information from patients in the belief that disclosure is medically contraindicated creates a conflict between the physician’s obligations to promote patient welfare and to respect patient autonomy” (Opinion 2.1.3).

Challenges of Sharing Truth in the Age of COVID-19
Sharing truth with patients and families has been challenging in the age of COVID-19. Dr. Zorowitz admitted, particularly since so little was known about the virus in the early days. However, he noted, “As we learn more about the virus, physicians are able to provide better information to patients and their families.” He added, “We acknowledge more and more that patients want the truth about their diagnoses, and they have a practical need for this information.”

Ultimately, Dr. Zorowitz said, “Truth works,” whether with an individual or a group. “Truth must be delivered objectively and openly, but with empathy and curiosity. Solicit questions — ask what the individual or group is thinking. Transparency should be the default mode ... period.”

Dr. Zorowitz admitted, “Communicating truth may be uncomfortable, but in the long run, you will be better positioned to maintain trust.” This is an important part of upholding the contract that medical professionals have with society, which is never more important than during a crisis like a pandemic.

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