

TOWARD EVIDENCE-BASED CULTURES OF RESILIENCE: AUTHENTIC LEADERSHIP, MENTAL HEALTH AND SOCIAL CONNECTION

Joel B. Bennett, PhD, CEO, Organizational Wellness & Learning Systems (OWLS)

A “culture of health” (COH) is integral for workplace wellness success. Various COH approaches exist, including earlier practice models^{1,2} and more recent guidance from best-practice scorecards.³ A recent systematic review revealed that most COH measures assessed learning, social connection and leadership support.⁴ Many COH initiatives emphasize leadership: management buy-in, leaders as healthy role models,⁵ leadership financial support and wellness as a business strategy.⁶ COH requires authentic leadership, ongoing learning and social connectedness. Through various methods, my colleagues and I at OWLS have been able to enhance these three areas through proven, evidence-based methods.⁷

This article highlights “Culture of Resilience” as a complementary approach to COH models, with four key elements. First, we encourage a culture of resilience (COR), one where leaders, by virtue of character-based responsibility, actively support mental well-being and social norms of resilience. Second, we emphasize the *relationship* between social connection and these leaders. They may also be new in their role, in human resources or wellness coordinators. They are not necessarily at the very top of the organization. Their *position* is less important than their *connection*.⁸ Third, a COR utilizes evidence-informed training tools and a systematic process to: (1) promote the management-employee relationship; (2) empower employee voice; and (3) help leaders respond to that voice. Fourth, it

is more “inside-out” than “top-down” in nature; a COR initiative is built gradually and iteratively based on employee-informed training designs, leadership insights and employee responses. Social connectedness is the glue of a COR, and resilience training can facilitate connectedness (i.e., the “we” in wellness).⁹ Indeed, recent studies on multi-level models of organizational resilience suggest social connectedness as a core asset.¹⁰

The assumption that top leadership is most important to COH ignores leadership research. There is some agreement that: (1) The impact of leadership on culture is not always clear-cut; (2) There is a romance of leaders, that organizational leaders rarely, if ever, achieve results on their own;^{11,12} and (3) Progress can be made even when there is no leadership support. Over-reliance on top leadership can also: (a) lead to short-lived or “home-grown” initiatives that are difficult to sustain with administrative changes; (b) downplay social connection; and (c) neglect those evidence-based approaches that can facilitate longer-term social connectedness as a means to catalyze, strengthen or sustain a COH initiative.

The following series of articles about COR are based upon three key inputs. First, they required a “point of contact” who was willing to “walk-the-talk” of their own resilience, demonstrate authentic leadership and honestly share their own perspective about the work culture, regardless of how healthy or unhealthy that culture was. Second, they used

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**DR. SETH
SERXNER:**

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one or more of several evidence-based programs (EBP) that have a more “inside-out” approach by training work peers, peer networks and associated wellness champions on well-being content in the context of existing groups, crews, teams or departments. These trainings have been tested in clinical trials and disseminated in various contexts and include *Team Awareness*, *Team Resilience and Resilience & Thriving*.^{13,14} ¹⁵ Electronic versions of these programs have also been found effective.¹⁴ Results from separate clinical trials show these programs reduce behavioral risks (e.g., stress, substance abuse), reduce stigma for mental health help-seeking, promote supervisor and employee responsiveness to stressed coworkers, and also improve resilience and well-being and the local organizational wellness climate.

Finally, these EBPs were adapted by each author below through a standard four-phased process (see Figure 1). These are: (1) **Discover (or “Assess”)**: Assess the current state of the organization’s culture, needs and readiness through key informant interviews, focus groups and surveys; (2) **Adapt (or “Design”)**: Based on

identified needs, present a prototype or pilot program for further review and approval of stakeholders (including employees), the adapted program was always based on employee voice and EBPs; (3) **Deliver**: Implement the pilot (or a more thorough model) to a group or cadre of representative stakeholders (which may take the form of a retreat, train-the-trainer or other strategy); and (4) **Evaluate** as an ongoing process for continuous improvement.

Four different internal leaders experienced the four-phased process in either a COH or COR framework.

They bring diverse perspectives – a director of human resources for a wellness company, a plant manager for a multi-national manufacturing organization, the executive director for an academic research center, and an assistant superintendent for a school district. Each leader worked to adapt a multi-level EBP that focused on social connection, healthy leadership and mental well-being. In the following articles (see Table 1), each leader describes a personal journey through this adaptation process along with quantitative outcomes.

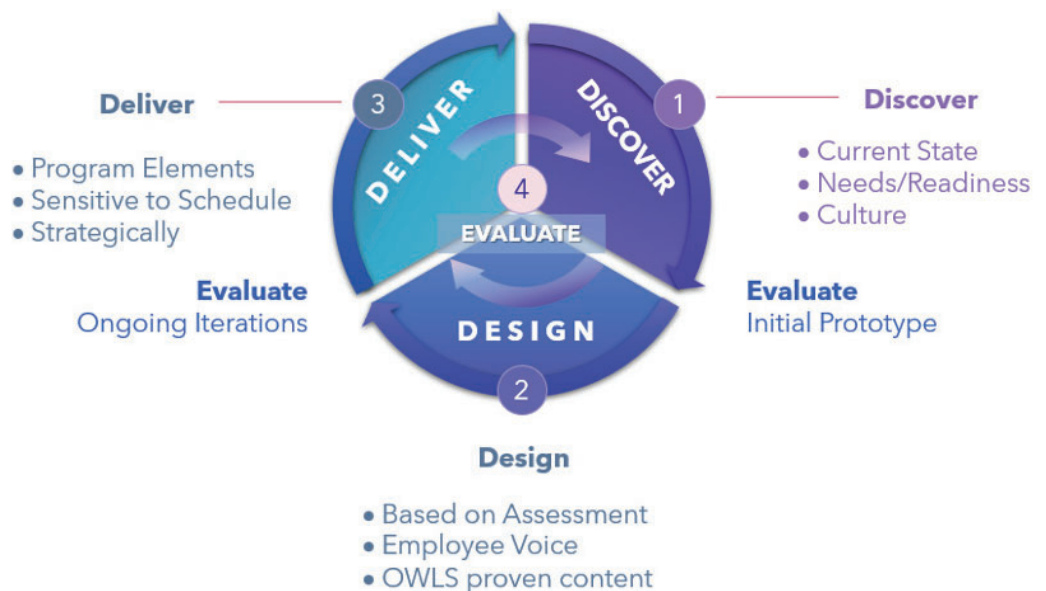


Figure 1. Four-Phase Process of Adapting Evidence-Based Content

Table 1. Other Articles in this Proceeding from Leaders

Article Title / Leader	Organization Type	Key Focus	Highlighted Outcomes
Micro-steps in Social Connectivity: A Three-Year Journey of Trust-Building			
Ruth Gassman, PhD, Executive Director of Prevention Insights and Senior Scientist, Indiana University, School of Public Health	University-affiliated Research Firm	Encourage a COH through multiple steps	More trust and inter-team sharing of information
Wellness Champions and Leadership in Fatigue-Risk Management: The Social Process			
Paul Courtois, MBA, MSW, Site Leader (Portland, Oregon), Owens Corning	Corporate Manufacturing	Wellness Champion and Healthy Leaders for Fatigue Risk Management	Leaders had greater understanding of their role in a COH
Resilience Culture Shift: Foundational Steps Lead to Positive Outcomes			
Rachel Kopke, PhD, Assistant Superintendent of Special Education and Early Childhood, Monroe County Intermediate School District	Large Independent School District	Kick-off and Sustain a Resilience Initiative	Increased morale, less staff turnover, higher quality candidates; increased student performance
Multi-Level Resilience: The Benefits of Social Architecture			
Shannon Thorsell, Director, Human Resources Business Partner, StayWell	Wellness Company	Launch a COR Strategy	Increased perceptions of organizational resilience; greater alignment

COH = Culture of Health; COR = Culture of Resilience

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MICRO-STEPS IN SOCIAL CONNECTIVITY: A THREE-YEAR JOURNEY OF TRUST-BUILDING

Ruth Gassman, PhD, Prevention Insights, Department of Applied Health Science, School of Public Health, Indiana University

I lead a not-for-profit organization at a university within a school of public health that has gone through a culture of health (COH) initiative. Prevention Insights is supported 100% through grants and contracts. Our translational science-to-services model focuses on preventing substance misuse, gambling problems and mental illness. The many challenges experienced on this journey have taught me that my core imperative as a leader is to guide and cultivate the quality of social connectivity, so that the work setting is psychologically supportive to all staff.

Beginnings. Our COH journey began three years ago. My organization was vulnerable during a time when we wanted to grow from serving a state audience to having a national presence. Our long-time foundational deputy director was gravely ill and sadly died. We were grieving and in shock. There was insecurity about our future. Co-workers were competing with one another. Staff was unsure what to believe or who to trust. There were false rumors circulating that caused turmoil and even emotional trauma for some. Despite efforts to allay fears, they continued. We needed external assistance to address the patterns of interpersonal relations and climate that were hindering us from more healthy function.

Fast Forward. I want to fast forward to three years later and share encouraging outcomes from taking intentional steps. Anonymous employee surveys show that our organizational climate

improved considerably, as indicated by several example metrics (see Figure 1). More employees agree that: They are fairly rewarded for the quality of their work (54% to 60%); leadership shows how to improve performance (17% to 39%); co-workers more readily share information and skills with others (35% to 100%); and the organization deals very well with unpredictable or changing work situations (52% to 72%). These quantitative findings were supported by perceptions that I and key managers also had. Expectations had been elevated to care for oneself and one another. Staff felt more at ease discussing mental health issues (including how they are seeking help) and showing compassion to co-workers.

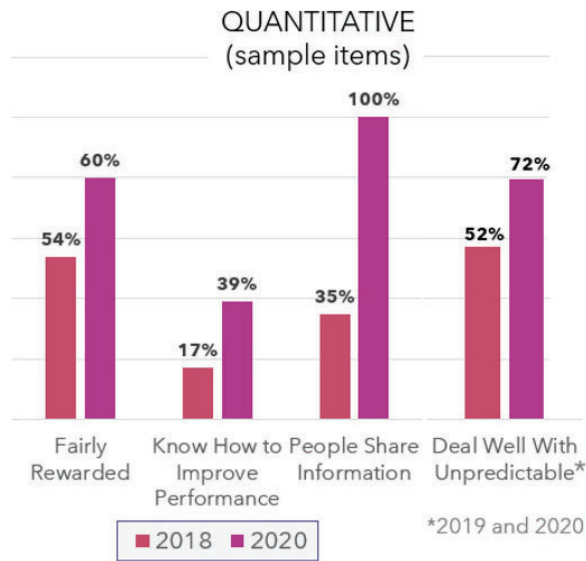
The Approach. We decided to cultivate a culture to promote well-being and move beyond our problems. We engaged with Organizational Wellness & Learning Systems (OWLS) in a discovery process to understand our assets and areas needing work. This was followed by identifying and adapting evidence-based programs (EBPS), and then practicing them for the purpose of promoting a healthy culture.

To encourage quality connectivity, we implemented “micro” steps that supported our organizational vision. We created a leadership wellness position to integrate wellness practices and norms into daily operations. Staff time to learn and practice wellness was protected by blending activities within standing meetings. We changed the format of our

monthly staff meeting to have wellness content and activities, including healthy food and social time. We initiated a monthly well-newsletter and later a Diversity and Inclusion committee. Prioritizing social connectedness in relatively small ways generated a ripple effect of measurable culture change throughout the organization.

My Journey. I should note I started this journey as, and still remain, a true introvert. Despite this, I am more socially connected now and more accessible to my staff. I believe this is because my personal growth was somewhat transparent and also resonated with

the journeys of my colleagues. So, working together, the yield has been a transformed COH. For an organizational culture to change, the leader must embody and model what is being learned. There is risk involved. The leader needs to be willing to grow and display emotional vulnerability. Looking back, I can point to those “micro” steps mentioned earlier. We designed these intentionally and systematically following OWLS discovery and adaptation process. I’m a better leader today by actively and intentionally promoting our own discovery into personal, interpersonal and organizational wellness.



QUALITATIVE

- Deeper sense of trust, more confident to manage conflict
- Naysayers indicate honesty
- We’re all in different places, reason to keep investing in culture to reach everyone
- More agile in modifying structure and lines of reporting
- More willingness to talk about mental health issues
- More compassionate conversations

Figure 1

FORUM20 HIGHLIGHT



Current Trainings

- Soothing the Emotions During a Pandemic
- Intentionally Coping Well
- Stress Management: Transforming Life Challenges through Awareness and Action
- Being Well in the Midst of Racial Trauma
- Challenges For Child –Parent Relationships and Emotional Regulation
- Managing Emotions as an Essential Worker – video
- Yoga For Anxiety – video series
- Master Class Series – facilitated videos



Groups

- Living Solo While Social Isolating
- Parenting
- Drop in - Mindful Meditation
- Ground, Listen Grow
- Mood, Food and Groove

WELLNESS CHAMPIONS AND LEADERSHIP IN FATIGUE-RISK MANAGEMENT: THE SOCIAL PROCESS

Paul Courtois, MSW, MBA, Site Leader, Owens Corning

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SHANE JACKSON:
ONE-ON-ONE INTERACTION IS IMPORTANT. OUR LEADERS SHOW STAFF THAT THEY ARE SUPPORTED BY INCREASING THEIR VISIBILITY. LEADERS NEED TO DO THE THINGS THEY'RE SAYING, MAKE PURPOSEFUL CONNECTIONS AND PROVIDE CLARITY TO STAFF ESPECIALLY BECAUSE YOU CANNOT PROMISE CERTAINTY.

Background

Owens Corning (headquartered in Toledo, Ohio; 19,000 employees) is a Fortune 500 manufacturing company with a strong commitment to safety. I am site leader at the Portland, Oregon location. My orientation to social connectedness and culture of health initiatives has been influenced by multiple perspectives over my career. I utilized both my MSW and MBA running several Employee Assistance Programs (EAPs) for Methodist Hospitals, City of Gary, IN, US Steel and Owens Corning. I have served in finance and operations leadership and worked as an EMT technician.

A Context of Connectivity

Owens Corning (OC) promotes social connectivity in at least three areas.

Community-Service. First, we have a long-term commitment to giving back to the community. Across different plants, we have seen an increase in volunteer activity: employees deliver holiday meals, distribute hygiene kits and build Habitat for Humanity homes. We also have affinity groups, including a multicultural network and women's inclusion network.

Wellness Champions. Second, senior leadership created a Wellness Leadership Council six years ago. Six pillars were established, teams were selected and plant leaders were assigned to lead these efforts. The pillars are: Know Your Numbers, Healthy Mind, Physical Activity, Nutrition, Tobacco Free, and Financial Health. In 2017, to support local engagement, we created the position of wellness champion. Subsequently, we built a network of 100 champions who play a key role in local wellness teams and foster engagement.

Front-Line Leaders and Mental Health.

Third, following the 2017 Owens Corning Sustainability and Safety conference, the relationship between fatigue and workplace injuries was targeted for further investigation. A subgroup was created to explore the science of fatigue along with internal data within the Healthy Mind pillar. A 2014 Harvard T.H. Chan School of Public Health SHINE survey assessed work schedules and percent of employees working over 55 hours per week. We found a significant opportunity to address fatigue. The focus of the fatigue training would be leadership teams, specifically, front line leaders.

Based on my diverse background and my role as a site leader, I know that front line leaders and co-workers (including wellness champions) are usually the first to see mental health needs. There is significant overlap in the skills needed to address fatigue and mental health issues. With the focus on fatigue we would also be building the skills needed to address good mental health. Our first goal was to build a new leadership training for fatigue and healthy sleep.

Methodology

Both the wellness champion and the fatigue leadership training used an Assess, Design, Deliver, Evaluate methodology (with the assistance of Organizational Wellness & Learning Systems). This method places significant emphasis on listening to employee feedback. Based on results from stakeholder interviews, focus groups and leadership surveys (n = 260), we developed prototype training modules. These were further reviewed and refined with significant input from employees. The Wellness Champion training was delivered as a two-day immersive

training on multiple occasions. The “Energy & Focus” leadership training (six modules and a new policy on hours-worked) was also developed and piloted in one of our plants. Following feedback from employees, we conducted a remote orientation on “Energy & Focus” in April, 2020. Assessment of both programs indicate we are positively moving the culture to a health focus (see Figure 1).

My Leadership Journey

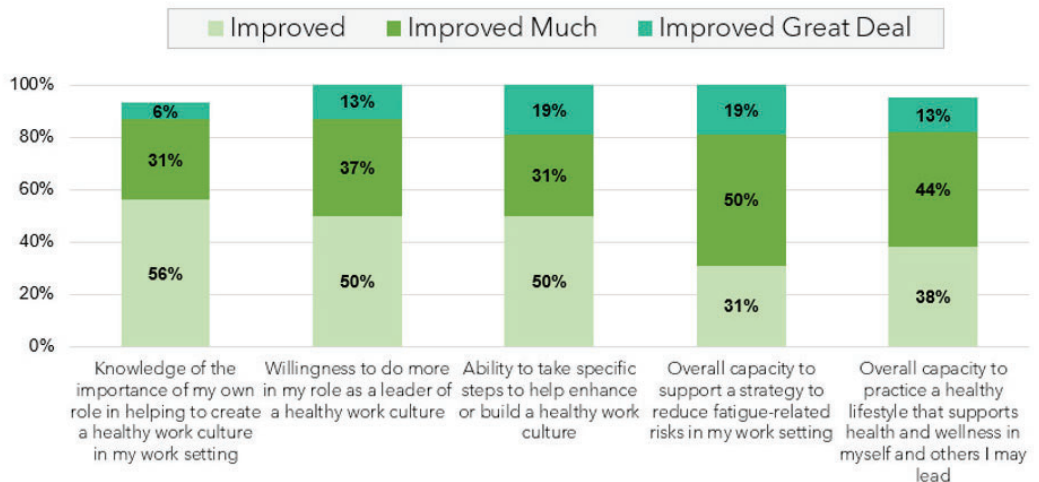
I have been actively involved as a leader in all three of the noted areas -- community work, champion training and the “Energy & Focus” leadership training. Each is part of or related to the overall wellness strategy and also part of social connection. Many employees know about and are actively involved in wellness. For example, we have 75% enrolled in our wellness platform, and are seeing growth (as much as 20% annual increases) in both HRA and biometrics completion. However, these wellness metrics do not convey the full story of engagement and social connection.

Early in my career, I developed a deep understanding of leadership engagement. I led an EAP that included city police and fire. Engaging this group was challenging. Given the stressful nature of their work, it was imperative that I meet with them to understand

stress from their perspective. I obtained an EMT certification, allowing me the opportunity to work alongside them in the field. My credibility was enhanced, and the level of trust increased significantly. The connection with these employees was more impactful and increased their utilization of EAP resources. I learned early on that leader visibility (“in the trenches”) is critical for reinforcing social connections with employees. Such connectivity, in turn, supports both mental health and wellness initiatives to increase utilization.

Since that experience, my approach includes integrating health and wellness related initiatives into the operational demands placed on the workforce. It’s important to intentionally provide specific opportunities – like the Assess-Design model, and the three areas noted above – to listen to employees, develop connections, show support and create an environment in which employees feel valued and respected for their work. The intersection between an engaged healthy workforce and traditional operational goals requires that leaders expand their knowledge and depth of responsibility. Through these efforts, we have demonstrated that healthy living initiatives can successfully coexist with the intensive labor in Owens Corning manufacturing environment.

As a result of this training, my...



Post Session Ratings for Owens Corning Natural Leadership Team Orientation, April 2020 (16 participants)

Figure 1. Post-Session Ratings by Leaders Following “Energy & Focus” Orientation



RESILIENCE CULTURE SHIFT: FOUNDATIONAL STEPS LEAD TO POSITIVE OUTCOMES

Rachel Kopke, PhD, CCC-SLP, Assistant Superintendent, Monroe County Intermediate School District

Background

After 13 years with one company, I made a huge move. New organization. New people. New procedures. Everything new. It had taken me 10 years to have the confidence to share – quietly – my passion for wellness and staff engagement in my previous position. Over time, the quiet work I was doing with my own team on resiliency and positive culture began to be noticed. I was asked to take on a new role as Chief Employee Experience Officer (CEEO) for the organization. I loved the role. And although my work was touching staff, I was ready for a new challenge. A new opportunity was presented, and I left the organization.

A New Job

My first few weeks within Monroe County Intermediate School District (MCISD) were eye opening. People walked around with eyes down. To me, it felt as if there was a sense of fear – that any mistake that was made would be met with repercussion. I tried to bring out creativity in people and was met with blank stares. Midyear, I started a conversation with our central office team about the culture and my perceptions. I started listening more and talking less. Seeking an evidence-based approach, I reached out to my colleague Dr. Joel Bennett to see if we could help MCISD in redefining the culture. We crafted a plan that included the steps of Assess, Design, Deliver. We began by creating a resiliency culture survey to obtain employees' perceptions of their needs

and whether the culture supported those needs. Roughly 65% of our employees completed it – including the open comment section. They were brutally honest. The survey revealed that I was not wrong in my intuitive feeling that staff were open to a shift in culture.

Design

We took the survey results and did a deep dive into the data. Dr. Bennett, myself and my colleague in human resources worked together to identify key areas that could be addressed right at the beginning of the school year. We created an opening day presentation to all staff with facilitated and socially interactive activities to help target many of the data points that spoke to low morale, burnout, lack of organizational trust and an overall low ability to handle work related stress. We subsequently created a Wellness Committee and sought Wellness Ambassadors who were willing to facilitate the work across the schools within the county. We took the foundational strategies identified through the survey to create more supports to increase resilience and decrease burnout and fatigue. We created events and activities that connected staff across buildings and district lines. It was not uncommon for someone to pop in my office to comment on how the culture had shifted.

Outcomes

After a year we saw less staff turnover, higher quality candidates and an increase in morale. Our student data

showed academic gains and decreases in student discipline. For example, staff resignations (not including retirements) decreased significantly from 2018 (83) / 2019 (63) to 2020 (29), and in one high-school we saw a 30% decline in student discipline incidents. Above all, the social connections were stronger and more visible. Although my role is to lead, my vulnerability continues to play a role in how I lead. In some ways, my vulnerability was similar to the staff, who

were willing to be honest and share their comments in the resiliency culture survey. But I have to put my own feelings aside and remember that my staff are people first, and people have needs that go beyond the workday. As a leader, my goal is to create an environment where staff want to come to work and find joy in what they do. Where they feel valued and respected. If I can do that, it's worth all my feelings of vulnerability.

The Power of Meaningful Connections



People with strong social connections are healthier

- Report lower stress, anxiety and depression^(9, 19)
- Are less likely to catch a cold, (decreased release of cortisol)^(7,8)
- Have reduced cardiovascular reactivity to stress; heart rate and blood pressure, and lower resting blood pressure^(5,11,16)
- Live a longer life than those with fewer social connections^(3, 4, 14)

RESEARCH UPDATES

With Drs. Serxner, Pronk, Grossmeier, Goetzel

- In some cases you can over measure and in some of the recent studies we have that situation; a great deal of emphasis on biometric screenings and use of incentives and yet minimal interventions follow. There are too many such examples of over measuring and under intervening,
- Research and evaluation needs to be ongoing. Organizations need to learn as they go rather than waiting for one answer that will fix everything because such an answer is not coming. We need to begin applying system sciences to our workplace well-being field.
- We need to look behind the media headlines and actually look at the studies. How much education or policy change were people exposed to? How long did the intervention last? What were the health, financial, productivity or job satisfaction affects? Seek to understand what they actually did and then you can compare it to what you are doing in your initiatives.
- Research reports showing no significant differences does not mean the program did not work.

Multi-Level Resilience: The Benefits of Social Architecture

Shannon Thorsell, StayWell / WEBMd

Starting Point

StayWell began the resilience initiative amidst great change, following a series of mergers and acquisitions. Our culture demanded excellence and agility. As a wellness company we wanted to “walk the talk;” remaining true to our values of integrity and well-being. Healthy change takes strategy, time, and repeated team effort, and we also had to meet heavy performance demands.

Methodology

We began our journey using this four-step process.

1. **Discovery.** Needs Assessment - Quantitative (survey N=226) and Qualitative – Focus Groups and 1:1 interviews with key stakeholders.
2. **Customize.** Not a one size fits all approach – program built based on organizational needs and direct input from leadership AND employees.
3. **Implement.** Training groups relatively small (~20) with diverse representation – all departments and levels represented in each training group.
4. **Evaluate.** Process was iterative – ongoing feedback allowed us to adapt and change our program to be most effective/meaningful for participants.

Sensitivity to the social architecture of training groups was a critical part of Implementation. We made sure to populate each training group with a cross-section from all departments and

with several representatives from each.

While this took a lot of planning and scheduling, it fostered intra-team dialogue that was essential to program success. We worked with OWLS to ensure that each successive training session widened the social net to maximize a ripple effect of social connectedness. The four-session training content (with customized workbook and copies of “Raw Coping Power”) was adapted from evidence-based material that intertwined with StayWell’s cultural information, values, and ambassadors who assisted with each session.

Results

Using pre-and-post evaluations for each session we obtained both quantitative and qualitative results. We saw improvements in personal and team resilience with the strongest growth in perceptions that StayWell was resilient (see chart below). The architecture of the program drove connectivity between employees from different teams and/or departments. These connections enabled employees to work together and manage through a time of turbulent change. Most importantly, employees and teams understood they had the tools to not only survive change but come out better, stronger, and more aligned. Employees that went through the training reported improvements in social connectedness which had the effect of breaking down silos and creating a more collaborative climate.

My Leadership Journey

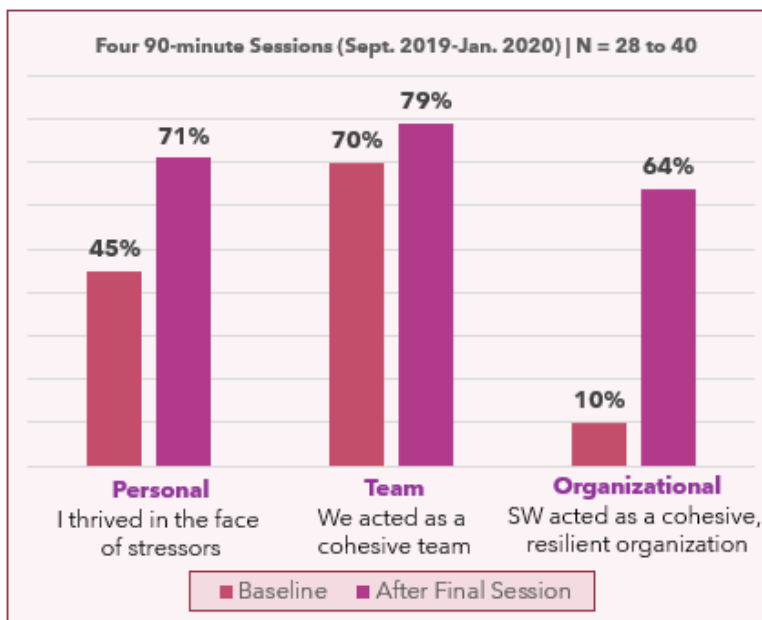
Leadership comes in many forms. The resilience initiative was met with skepticism. Employees wondered: “Was this window dressing? Another initiative of the month?” There was a shifting leadership structure, limited time and resources. Gradually, I saw informal leaders emerge – leaders not by title but those that hold the influence baton. They had the largest impact on outcomes. Just after the training, we went through another merger that – along with the onset of COVID -- was causing significant stress for many employees.

I witnessed one participant from our class take the initiative to provide support and encouragement to others by using tools provided in the training.

This real-world example, along with the outcomes noted above, were heartening for me. Resilience is a journey and your yield will be based on your efforts. Let the process guide you. It is important to avoid preconceived notions of your current state, or what road you need to take. It is possible to build multi-level resilience by continually listening to and empowering workers, and by doing so with proven methods, systematically.

Multi-Level Resilience Baseline and Follow-Up

(ratings of '5' or '6' on 6-point scale)



Amongst all employees who rated the training across 4 months, perceptions of resilience increased, especially of the organization as a whole

Data shown are from those reporting higher levels of effort. Similar trends were found in the entire cohort.