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Getting comfortable with being uncomfortable: A conversation with Marsha Sinanan-Vasishta

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Abstract

We find ourselves managing two critical moments and a powerful confluence of events, one a crisis in health. We are still facing the COVID crisis, and we are trying very hard to rely on evidence and truth that will lead us forward in addressing that in the best way possible. We are also in a crisis of humanity, one that has been simmering beneath the surface for years, the issue of systemic racism and disparities in healthcare, further highlighted by the COVID crisis. This article shares the conversation I had with Marsha Sinanan-Vasishta, MSN, MBA, RN, NEA-BC, CPXP, Deputy Chief Nursing Officer, Patient Care Services Mount Sinai/Morningside as part of The Beryl Institute's bi-weekly community briefing series on the special topic of addressing systemic racism and health disparities in a time of crisis. Ultimately Marsha called us on to seize this moment to act, to find ways to get comfortable in being uncomfortable with relentlessness and ultimately to take this moment, which could be one of fear and doubt, to truly be brave.

Keywords

COVID-19, systemic racism, health disparities, nurse leadership, leadership, human experience

A Convergence of Two Crises

We find ourselves managing two critical moments and a powerful confluence of events, one a crisis in health. We are still facing the COVID crisis, and we are trying very hard to rely on evidence and truth that will lead us forward in addressing that in the best way possible. We are also in a crisis of humanity, one that has been simmering beneath the surface for years but perhaps has finally broken through in a way, that will not just count on us to rely on truth, but on honesty, and on action. That's what this conversation shared here is about; not simply to talk about this issue for the sake of talking about it, not to make statements for the sake of making statements, but to have a conversation on what we are going to commit to do together as individuals and as a community in making a difference.

I was incredibly honored to have an insightful nurse leader and champion of human experience overall, Marsha Sinanan-Vasishta, MSN, MBA, RN, NEA-BC, CPXP, Deputy Chief Nursing Officer, Patient Care Services Mount Sinai/Morningside join me for a critical conversation recently as part of The Beryl Institute's bi-weekly community briefing series on the special topic of addressing systemic racism and health disparities in a time of crisis. This conversation was later released as an episode of The Beryl Institute's podcast: To Care is Human which can be accessed here:

<https://www.theberylinstitute.org/page/Marsha-Sinanan-Vasishta-Podcast>. I hope you enjoy our conversation.

A Conversation with Marsha Sinanan-Vasishta

As a leader in healthcare today, how do you define success, and what do you see as the most critical drivers in ensuring an opportunity for sustained success right now in this dynamic and chaotic healthcare environment? How do we ensure success for healthcare overall in terms of what we're facing?

You're right, we are in a very chaotic healthcare environment at the moment. For the Game of Thrones fans out there, I'm going to quote Lord Baelish when he said something to Bran which was really profound. He said, "Chaos is a ladder." I think you can leverage the learnings from both the COVID pandemic and our current situation in addressing the broader systemic issues of healthcare as a ladder to climb out of what we've found ourselves in right now to sustain and achieve success.

I think the most critical driver for sustained success is our ability to build bridges with others who are different from us, to dismantle structures and policies that prevent people from speaking up about discrimination of any kind and to work on eliminating implicit bias. We need to create mutual accountability tools and solutions for ourselves in healthcare, as well as for our patients and community.

During this crisis, as a nurse leader you have had to balance the needs of your patients, your families and the communities you serve and address the clinical realities that you've had to face in New York. How have you been able to balance all of these intricacies at this moment?

NYC tough. That's what we did. I think that anyone who lives or works in New York, it's like this iconic place that seems to draw the best and the most stressful experiences in history, and the COVID pandemic called us to task like nothing else. You really saw the NYC tough. From the start, for me it was important to remain visible and as visible as possible so I could continue to support the mission of exceptional patient care, which is one of our missions here at Mount Sinai Morningside, the patient experience as well as support our frontline teams.

The notion of balance became really relative in the height of the pandemic, because everything was literally blown up and had to be recreated. We had to do more. We had to stretch ourselves. We had to ensure that we were always operating safely. I knew that one of the things that I could do to create some of that "normalcy," or balance, was to continue to round and stay connected with our stakeholders, all of them.

Our teams needed to know that we were seeing and experiencing their pieces of the world and that they had enough equipment. Patients needed to know that the leaders of our organization were also there for them. We developed family communication teams who would reach out to our patients and their families and support networks to brief them on their care. I think, as many other hospitals did, we also developed a Zoom platform for virtual visits so we could keep families and support systems connected, so the patients could also balance their experience of going through a frightening and terrifying time, knowing that even though their family members couldn't come in to visit, there was some means by which they could connect with them.

I think, also, recognition in the time of crisis is huge, and I did my best to recognize our teams and call out specific things, accomplishments and behaviors that were happening, because that's so important in terms of driving patient experience. This consistent acknowledgment of staff and how they exhibited our values really continued to build the foundation from which we could impact behaviors and coach people to do their best, especially during the difficult times we're in.

The COVID crisis has truly elevated the disparities prevalent in the healthcare system. What are the opportunities we have in healthcare to address the real impact of health disparities and systemic racism that we see? What should we be doing, and where can and must we focus in taking steps to address this issue?

We know these are critical issues. Health equity and diversity are directly correlated to social determinants of health, and having a workforce that's diverse in race, gender and thoughts is essential. We need to increase access and decrease implicit biases, as we touched on before, that are deeply ingrained in what people feel and believe about those who are different from us, and our ability to address health equity and access is paramount to the outcomes we achieve, because race, food, shelter, education and income are some of the biggest drivers in how people experience healthcare, whether they access it or don't.

If we can't relate to our patients' experiences, it's going to be hard for us to teach and develop trust with them, so they feel comfortable speaking up about participating in their healthcare. Black minority and immigrant patients, in particular, are already jaded about our health system, and they may be worried about seeking care for fear that they're going to get a bill they can't afford, or they may be deported. A disproportionate number of Black and minority patients are uninsured. So, all of these have an effect on how patients potentially experience care, or whether or not they access it.

We have several opportunities in healthcare to address these. We can partner with community organizations to provide support, guidance and resources for patients. That's key. We can provide our teams with resources to give culturally competent care so that patients don't have to feel when they come into the hospital, they will in some way have to decide, or be forced to make a decision to choose between their healthcare or their race or religion.

We have a huge opportunity to start a dialogue within our walls and to educate on resources that can increase access to make it safer for African American minority patients to engage in research, because research will ultimately help us find cures and treatments for illnesses that uniquely affect us. We know that Black and minority patients are less likely to seek and receive preventative care or participate in these research studies. Understandably so because some historic experiences with our African American community have been pretty horrible.

Beyond this, leveraging the collective voice of our healthcare community at every chance we can get to legislate change within our healthcare system will be paramount. I think we as hospitals can come together as

consortiums to legislate change for laws, because we do so with other things. We should do it for this, as well. It's time for us to think creatively and differently, and we can and must focus on the next steps and what those are. Having open and honest dialogues in our organizations is key. People have to start getting comfortable with being uncomfortable. Providing support and funding for programs that commit to create programs with hospitals, like cultural and linguistic competencies, are going to be key.

Having a workforce that's diverse and being brave to adopt zero tolerance policies for racism - not just for staff, but also for patients, as well, - is something that I think we don't always speak transparently about, because a lot of frontline essential workers do experience racism from patients and sometimes feel powerless because there's no policy to address it within their respective hospitals. We need to promote more Black leaders in the C-suites and on our hospital Boards. That's another huge opportunity I think we have. Ensuring that the practices reflect the community that we serve. We need to model those behaviors within our own teams to dispel myths and promote truth.

What does, or should, a true focus on human experience ultimately look like?

It's not one thing. There's no one magical thing that we can do. We have to take this to the next level, and it's a multifaceted approach at this point, and it starts with the diminishing of implicit biases within ourselves. I saw a nurse who was protesting in the Black Lives Matter protest for George Floyd and the Breonna Taylor, and everything else that's happening right now. She was holding up a sign that said, "I take care of patients who I know would otherwise kill me," and that was so powerful to me, because we don't get to choose who we care for. We care for everyone. We care for all human beings that walk through our doors, and we all need to self-reflect and know that the human experience isn't just for some, it's for all of us.

We struggle through the systematic issues that have been elevated in the last couple weeks, but we must have dialogues on how we can influence this in our small part of the world as individuals, within our own families, and our friend circles, and strangers who we encounter as we go about our daily lives. We can't be complicit. We can't just stand by if we see those subtle things that happen every day. We have to be able to speak out. We know that we can't legislate people's hearts, but what we can do is use our voices to call it out when you see it and take actions rather than remain in silence and thereby being complicit. How many of us take an active role in making it better by voting, by supporting any number of causes that will call attention to destroying racism at its core? We are going to

have to start doing these things that feel inconvenient. We have to begin to address this on a larger level.

It's an exciting time for us. It's a moment in history, and in time, we can really use this force, I think, that has sparked around the world to dig ourselves out of this place that we're in and figure out what that would mean for all of us.

The issues of racism and disparity in healthcare are not things we didn't know existed; these are things we have lived with for decades. But now we find ourselves in a moment of opportunity. What do you think is going to help us tackle this moment in a way that we don't let it slip away?

I think our biggest fear is that after the protests die down and people go back to work, the economy is open. I think the fear is that this will just go away. I don't think there's just one thing. I think that we all have to really dig deep and find out what we can change. There's been a lot of talk about supporting African American and minority businesses over time, but now is the time to do it. There's been talk about all these laws and bills that have gone through Congress that are just hanging out there. Now is the time to push those through.

It's going to be hard to change family dynamics, because we can say what we want in our everyday lives and then go home and talk about racist things at the dinner table. It's time for every one of us to hold each other accountable, at work, at home, within our friend circles. You might have a friend that says, "All lives matter." It's your opportunity to educate one-to-one, or you might have a friend that says, "I'm not biased. I'm not racist because I have Black friends." It's not just enough to have black friends, or brown friends.

It's what you are doing to create a space that calls out those behaviors when you see it, so you're not just standing idly by and seeing yourself being served, for example, at a restaurant, when the table next to you has been waiting 45 minutes. How about you calling that out to the owner of the restaurant, and the waiter, so that we're all in it together? Because it's not just going to be us fighting for this change if we want to see the change. It's all of us together making sure that this sticks. This is our moment in time to make sure that it sticks by all these little things that we can do differently, so collectively we can push it forward. The time is now.

So how do we make sure this doesn't get lost in the next news cycle? How do we fundamentally extend this conversation?

I think maintaining the dialogue is going to be key at our respective organizations and our community Boards to encourage town halls and small focus groups to provide

feedback about gaps that currently exist. We need to provide more opportunities in our organizations for education and cultural competency and diversity. How is it addressed in your organization's education and policies? Do you have diversity counsels that create an accountability level, and accountability road maps, and road maps to help improve your organizational culture?

Who on your hospital Boards and in your C-suites can help influence change on a larger level? Those are some of the things we can do in concrete ways, because as I said, we can't legislate people's hearts, but you can change the structures to force some of this to happen. So, we get to a place where people are starting to really get it, and own it, and be safe talking about it. I think those are just some little things that we can do in concrete ways to help move this along, so it doesn't just fall off the bandwagon.

As you think about what we need to do to move from saying this is important to ultimately seeing it through, what is going to help us begin to move this to something that we all take to heart in the work that we do?

So, it's not easy. It's quite complicated, and it's multifaceted. It's not one magical thing that we can do, but there are several things we must do at this point, and it starts with everyone having an open mind and getting comfortable with being uncomfortable, to have those open dialogues. I know we keep saying this over and over, but unless you start with a dialogue, make the commitment and draw that line in the sand in your organization, you're never going to get there. There are some things that we already talked about and highlighted that can help you do that. What does your C-suite look like? What does your diversity council look like? Do you have one? On your Patient-Family Advisory Council (PFAC), how many of black, brown, minority patients are on your PFAC? That's another place where you can start.

It's our willingness to empathize with each other to get to know people different from ourselves, and we must. We must establish environments where people feel safe to express themselves and speak out when it matters related to bias, racism and discrimination, because they exist. No matter how deep we bury our heads in the sand and how often we think, 'Oh, you know, it's not really my problem. I do my part,' what about doing your part when it really matters; what are you going to do differently to make sure that it sticks?

These are some concrete things that you all can do to make sure that it sticks. It's forcing the system to acknowledge the problem forcing our organizations to address it in meaningful ways and not accepting 'no' for an answer, because it's time. We all have sudden plans to do things, there are plans for book clubs and there are plans for developing some kind of committee, but the time has passed for just developing it. It's time to do it. It's time for us to really be brave to establish these safe environments where we can push this change through.

I think we just need to be brave. We just need to be brave. We all have to be brave. There are lyrics to the Sara Bareilles song, Brave, which says, "Say what you want to say and let the words fall out honestly. I want to see you be brave." So many of us are nervous to speak up for change; but it's time to brave.

Time to be Brave

In those profoundly powerful closing words, there is an opportunity called for to create that space, an environment where people can be safe in being brave. The ability for us to not just stand together but walk together, have conversations and be brave is a lesson that I will definitively take from Marsha's wisdom and insights. I truly believe that's what we are called to do.

It's interesting, as it brings us back full circle to part of a statement from The Beryl Institute that I shared with Marsha to start our conversation that says, "It is incumbent on each of us as individuals to gauge our own stand, dig in to understand our privilege and uncover our biases, and then work diligently to honor the essence of what humanity calls from all of us." That, to me, is moving, because that's really what I heard Marsha calling on all of us to do. We have to create the spaces and structures to enable that to happen every day.

The COVID pandemic in many ways created the space in our humanity to acknowledge our vulnerability and maybe, just maybe, go a little father to address the broader vulnerabilities we ourselves created for many in healthcare. If we are willing to take the lessons COVID continues to reveal, with the opportunities to address the very systemic issues we explore with Marsha in our conversation, then perhaps we are taking a powerful and positive step for humanity in the face of one of its greatest challenges. I for one believe we owe it to one another to ensure this time we solve these issues for good. Be brave, be uncomfortable and do something. Thank you, Marsha, for the inspiration.