


A stack of smooth, light-colored stones is positioned on the right side of the image, resting on a dark, textured surface. The stones are stacked vertically, with the top stone being the smallest and the bottom stone being the largest. The background is a dark, textured surface, possibly sand or gravel, with a subtle pattern of small, light-colored specks.

Grit, Passion and Pandemics: Resilience in Times of COVID-19

Tuesday, January 19, 2021

Dialogue Leader: Linda C. Lombardi, PhD



Learning Objectives

- 1. Define the “grit” and its relation to our work
- 2. Recognize characteristics of “grit” (resilience?) and its impact
- 3. Refresh our understanding of pandemics of the past and their relation to COVID-19
- 4. Gain awareness about organization grittiness and the gritty leader
- 5. Access tools to learn about our own “grittiness” and steps to getting more “gritty”
- 6. Network and say “hello”





Why This Idea of Thinking About GRIT? Why Now?

- “At its core, the idea of purpose is the idea that what we do matters to people other than ourselves.”

— Angela Duckworth, [Grit](#)





ANGELA
DUCKWORTH

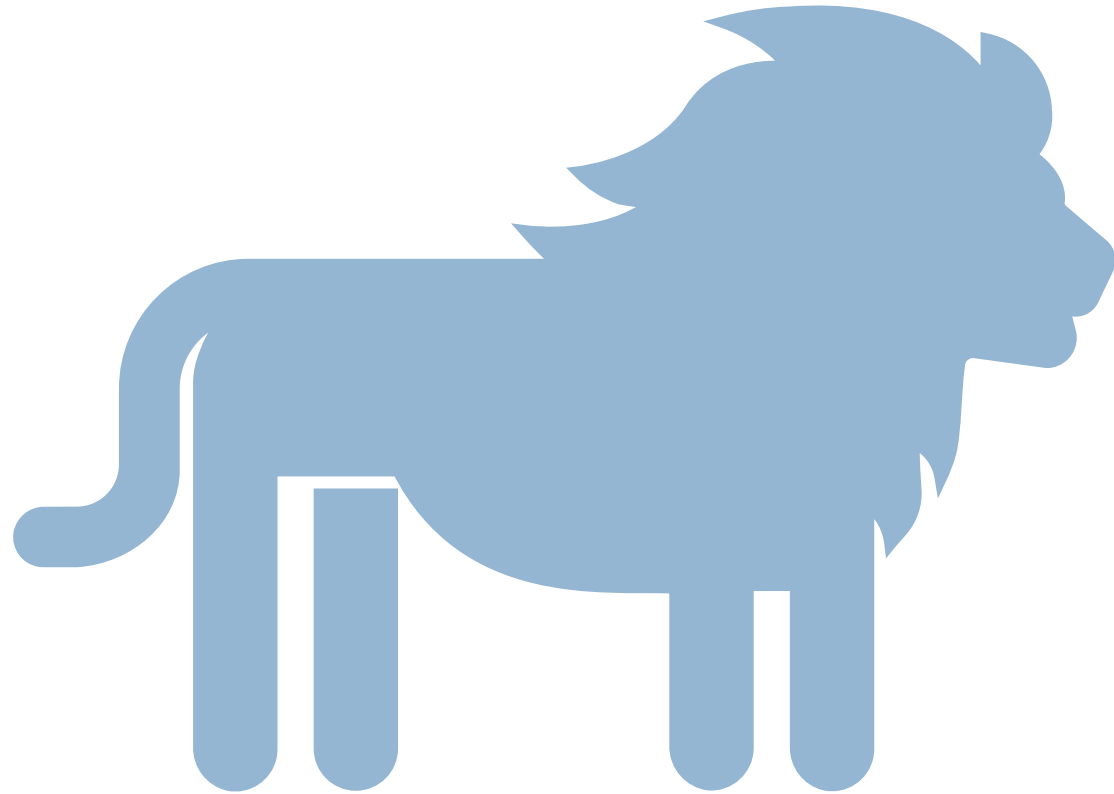
GRIT

THE POWER OF PASSION AND PERSEVERANCE

Grit: The Power of Passion and Perseverance Angela Duckworth

- Dr. Angela Lee Duckworth is professor of psychology at the University of Pennsylvania. Angela studies non-IQ competencies, including self-control and grit, which predict success both academically and professionally. Her research populations have included West Point cadets, National Spelling Bee finalists, novice teachers, salespeople, and students. Angela received a B.A. in Neurobiology from Harvard in 1992 and, as a Marshall Scholar, a Masters in Neuroscience from Oxford.
- She completed her Ph.D. in psychology at the University of Pennsylvania. Prior to her career in research, Angela founded a non-profit summer school for underserved children which won the Better Government Award for the state of Massachusetts and was profiled as a Harvard Kennedy School case study. Angela has also been a McKinsey management consultant and, for five years, a math teacher in the public schools of San Francisco, Philadelphia, and New York City. In 2013, Angela was selected as a MacArthur Fellow





GRIT Defined

- Courage and resolve; strength of character (Merriam Webster)
- Strength of mind
- Backbone
- Courage
- Fortitude
- “Grit is defined as **perseverance and passion** for long-term goals.” (Duckworth)





- Angela Duckworth, author of Grit: The Power of Passion and Perseverance holds that:
- “Passion comes from intrinsic interest in a craft and from a sense of purpose- the conviction that your **work is meaningful** and helps others
- Perseverance takes the form of **resilience in the face of adversity** as well as the unwavering devotion to continuous improvement”
- When we think about the challenges we have faced and overcome, the ones we are facing now, we know that we are gritty!
- Dr. Duckworth considers both **individual and organization grit** in her work. Her work offers insights and opportunities for us to pause, reflect, assess and focus on our strengths and “grit”
- Research shows that by ***focusing on strengths rather than weaknesses, we gain confidence, we grow stronger and healthier individually and as a team***

Grit in the Context of Organizations

ORGANIZATIONAL GRIT

- Duckworth expanded her work, built on her studies to consider how GRIT functions and is represented in the organizational setting
 - More specifically she studied health care organizations and acknowledged that:
- Our patients depend on the GRIT of our clinicians and our staff to heal and regain health
- The demands on our staff, on our organizations, requires handling the demands each and every day whether we are direct caregivers or supporting direct caregivers
- As a result, she identified a new model for of grit in health care calls on “a passion for patient [staff] well-being and perseverance in the pursuit of that goal become social norms at the individual, team, and institutional levels” (HBR, 4)
- Strong organizations develop and support high performers and enable teamwork; set goals



We Put Care Experience First

- Angela Duckworth and Tom Lee (Chief Medical Officer at Press Ganey) assert that:
- “...every gritty healthcare organization has a primary goal of putting patients first”
- We in H+H expand on their definition moving from the patient to **staff+patient** for the full Care Experience and embed this approach in our values and behaviors (ICARE)
- Our “grittiness” is evident in our day-to-day work, in our mission
- We are “gritty” because
 - We are “restless” with the status quo
 - We aim to continuously improve



"Grit is living life like it's a
marathon, not a sprint."

- Angela Lee Duckworth, Professor,
Psychology, Univ. of Pennsylvania

TEDTalks
EDUCATION

[PBS.org/TEDTalks](https://www.pbs.org/tedtalks)

Ted Talk with Angela Duckworth



ORGANIZATIONAL GRIT

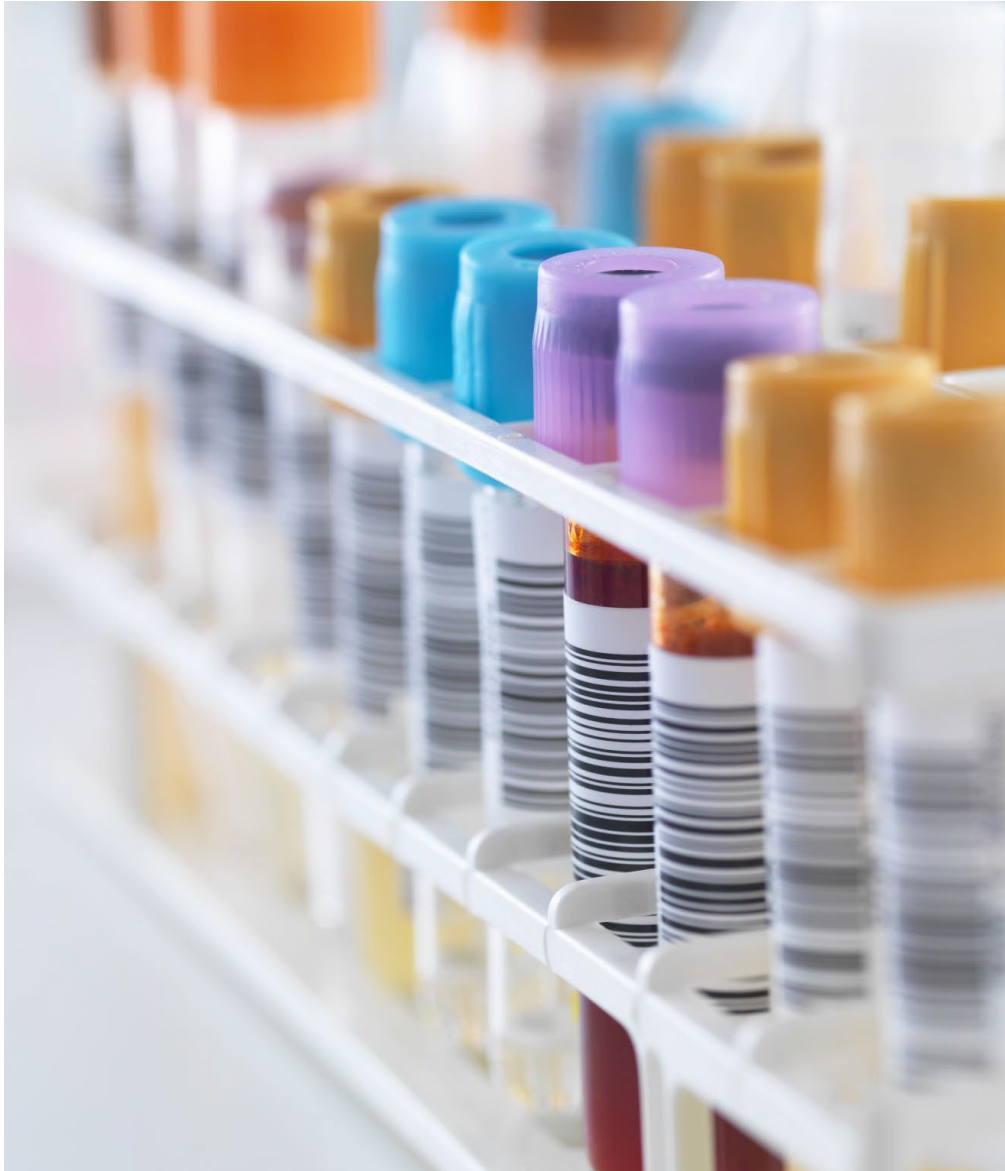
**Focuses on organizations
that have
OPTIMAL DESIGN**

**The Optimal
Organization design is
CHALLENGING AND
SUPPORTIVE**

- Passion of individuals and teams is supported by creating an environment of psychological safety and trust
- Gritty teams have the same characteristics as gritty individuals
 - Desire [need] to work hard
 - Learn
 - Improve
 - Strong sense of purpose and agreed upon priorities
 - Resiliency (think backbone and fortitude) to endure in spite of challenges

How Do the Trials Caused by Pandemics Relate to Our Grit?

- A collective need to survive it
- A need to collaborate and innovate and find ways to control the pandemic
- An approach, even if not met with full compliance, to shape “safe” behaviors
- A commitment to use know-how, science to implement policy
- Individuals drawing from their best in performance, going beyond the call of duty
- It takes fortitude and strength; it takes organization grit and gritty leaders

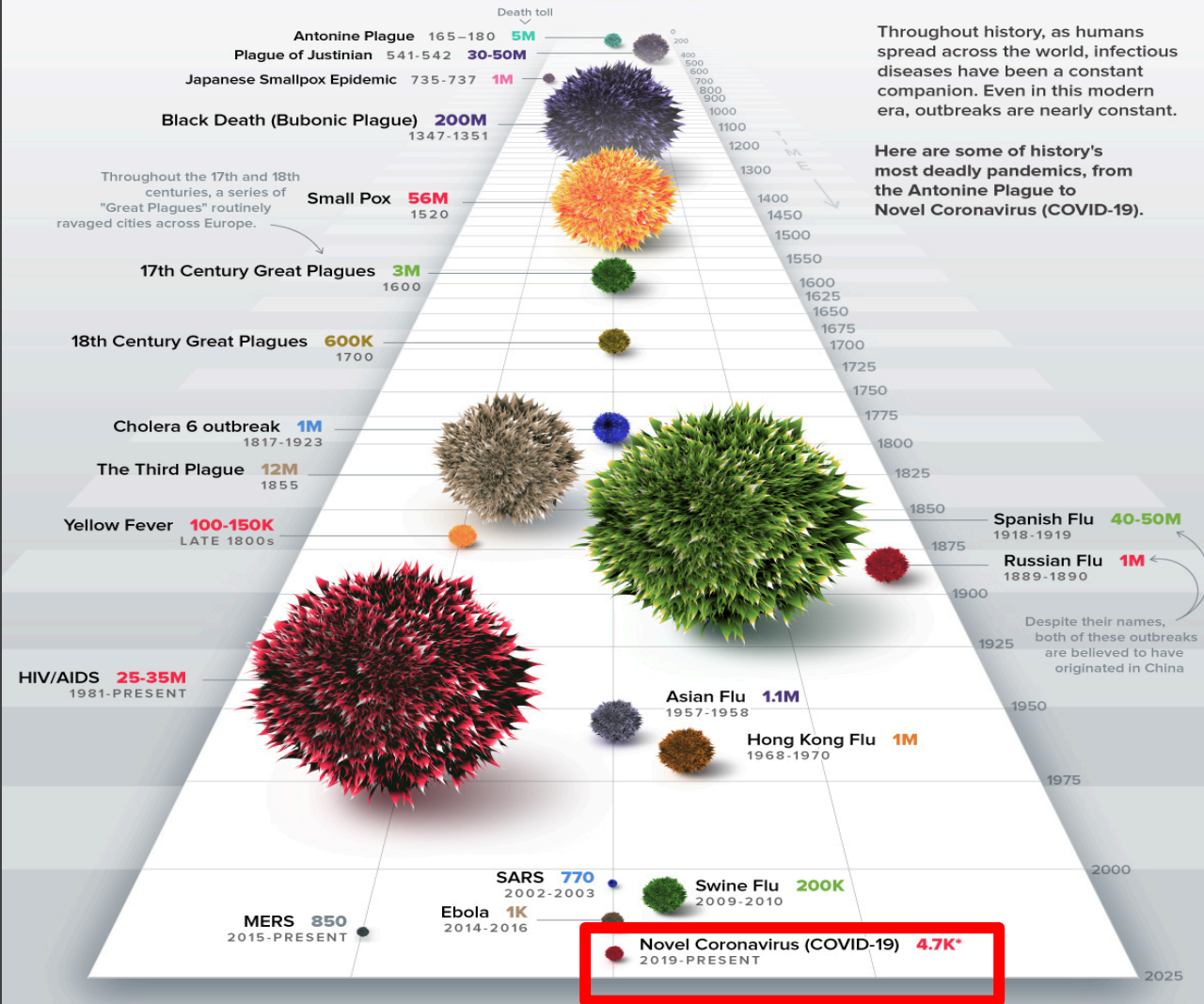


A green hourglass is positioned on the right side of the image, set against a dark, textured background. The hourglass is filled with a fine, granular substance. The text 'Pandemics Over Time' is written in a large, white, serif font across the center of the image, partially overlapping the hourglass.

Pandemics Over Time

HISTORY OF PANDEMICS

Pan-dem-ic (of a disease) prevalent over a whole country or the world.



Throughout history, as humans spread across the world, infectious diseases have been a constant companion. Even in this modern era, outbreaks are nearly constant.

Here are some of history's most deadly pandemics, from the Antonine Plague to Novel Coronavirus (COVID-19).

Despite their names, both of these outbreaks are believed to have originated in China

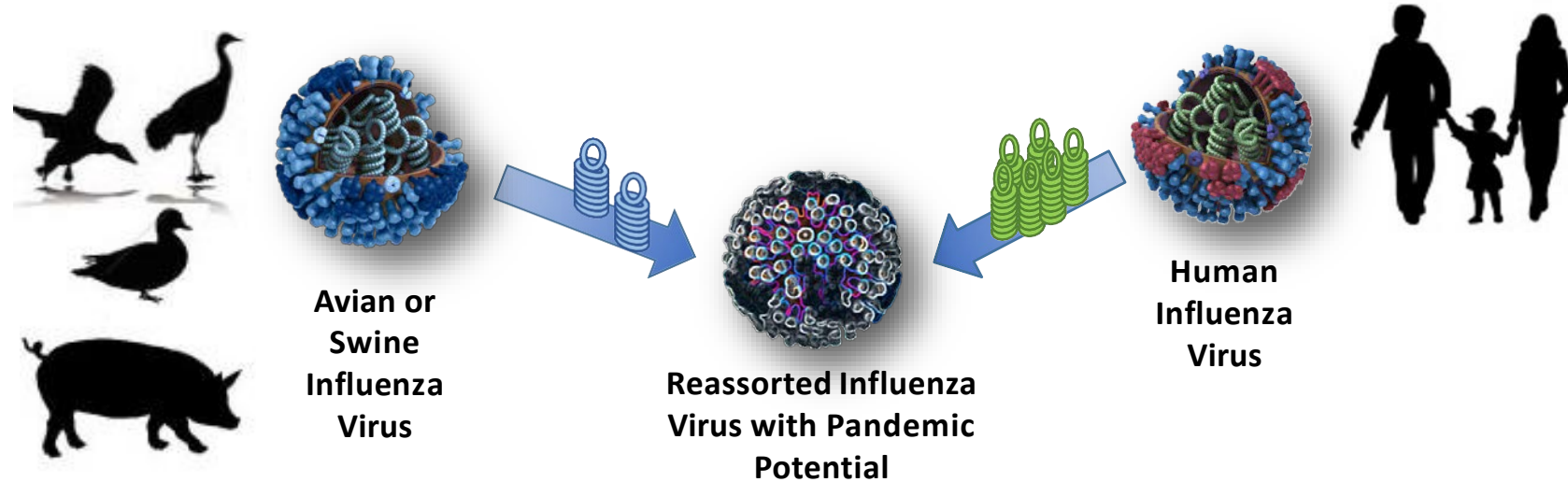
*As of Mar 11, officially a pandemic according to WHO
It is hard to calculate and forecast the impact of COVID-19 because the disease is new to medicine, and data is still coming in.



100+ Years Since 1918 Since Our Last Pandemic

Following Several Slides Drawn from CDC Infectious Division Prior to COVID-19;
NYC DOH and Archival Materials

Shift: Reassortment of Influenza Viruses

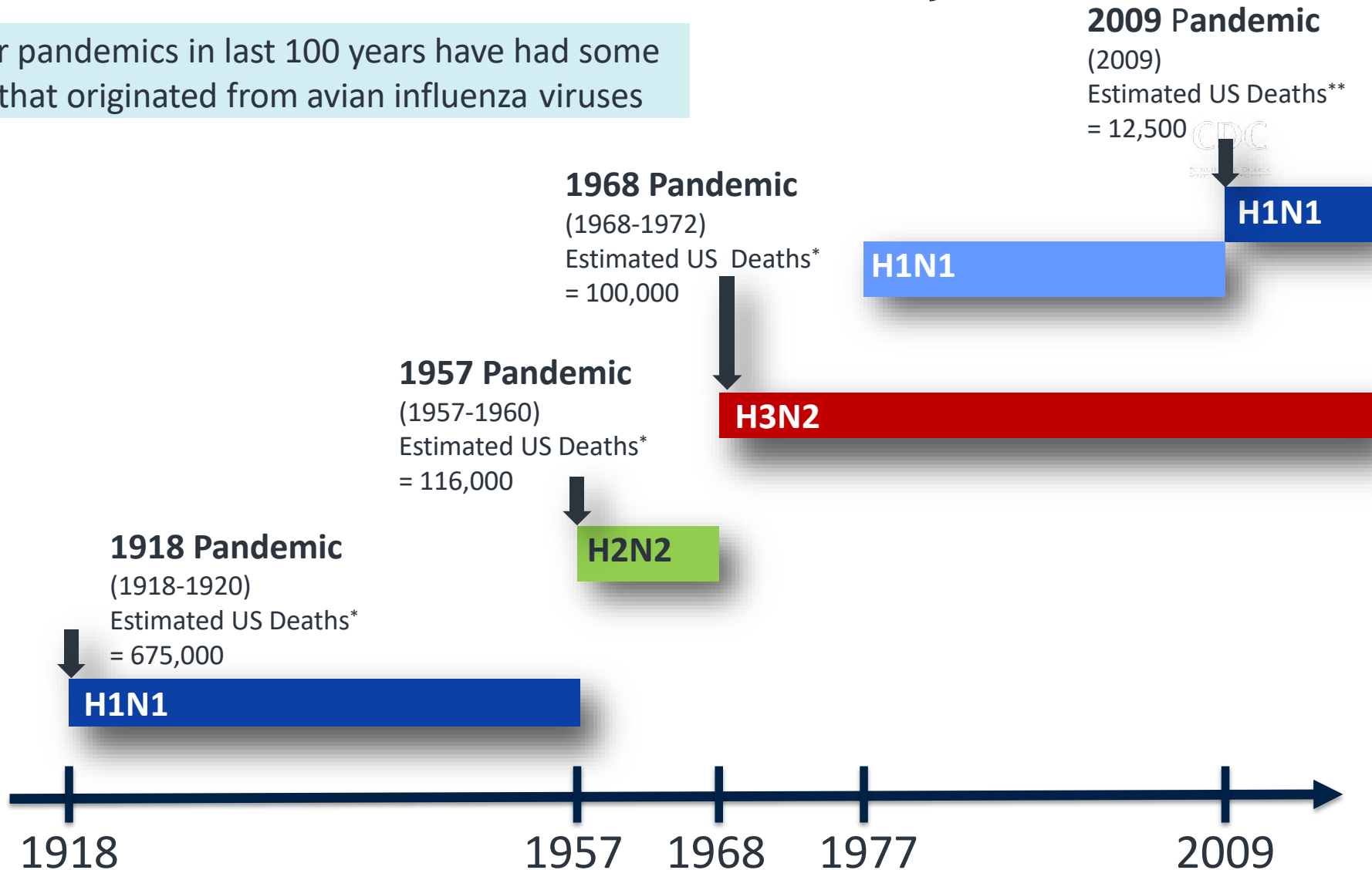


- Human-adapted viruses can arise from reassortment to cause efficient and sustained transmission
- Four pandemics in last 100 years



Influenza A Viruses Since 1918

All four pandemics in last 100 years have had some genes that originated from avian influenza viruses



2009 Pandemic
(2009)
Estimated US Deaths**
= 12,500



(*Glezen WP. Epidemiol Rev. 1996. **Shrestha SS. Clinical Infectious Diseases 2011.



1918 INFLUENZA PANDEMIC



DEPARTMENT OF HEALTH
CITY OF NEW YORK
139 CENTRE STREET
NEW YORK

OFFICE OF THE COMMISSIONER
ROYAL S. COPELAND, M. D.
COMMISSIONER

RECEIVED
MAYORS OFFICE

October 18, 1918.



ACK. _____

Hon. John F. Hylan,
Mayor of the City of New York,
City Hall, N. Y.

My dear Mr. Mayor:-

One of the important things in our campaign in connection with the influenza epidemic is the care of people in their homes. We have districted the City so that every neighborhood has its agency for the protection of that immediate territory. Through this centre we will supply nurses, domestic help, food and medicine. To this centre will be reported cases of illness in the district. It is the clearing house through which all the local activities of the Department of Health will be carried.

Permit me to suggest that you, yourself, send a personal letter to the Police Department, Tenement House Department, Bureau of Attendance and Bureau of the Census of the Department of Education, asking hearty co-operation with these district centres. You can see that with the help of these agencies we will learn the location of sick people and find out their needs. I am anxious to have it said of the Hylan administration that in a time of stress like this, nobody suffered if it was within the power of the City to relieve it.

I enclose herewith a list of these community centres, together with their locations.

Very truly yours,

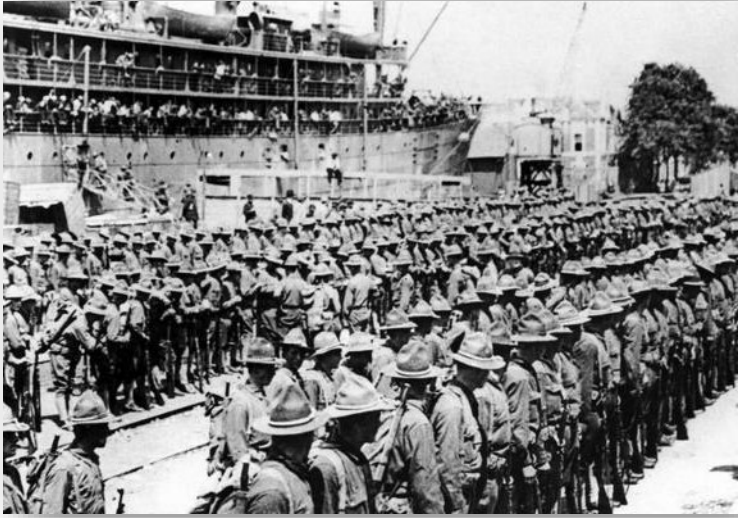
ROYAL S. COPELAND,
Commissioner.

1918: Crowding Facilitated Transmission

- Industrialization and war response added to urban overcrowding
- Soldiers in crowded camps
 - >100K in tents in US
 - 1917-18 record cold winter



1918: Wartime Movement Aided Transmission



www.dailyherald.com/article/20140628/news/140629223/



www.museumsyndicate.com/item.php?item=56784#

- Massive troop movement
 - From towns to training bases, to Europe
 - 10,000 men shipped to France every day in summer 1918
- Unprecedented troop movement allowed infection to move from camp to camp



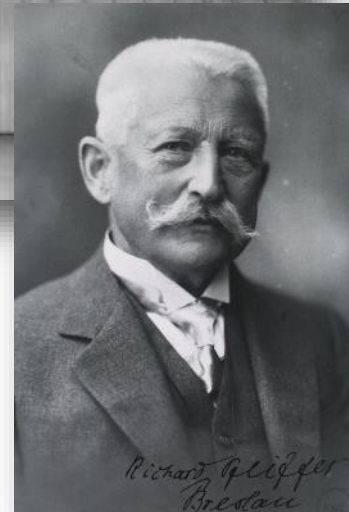
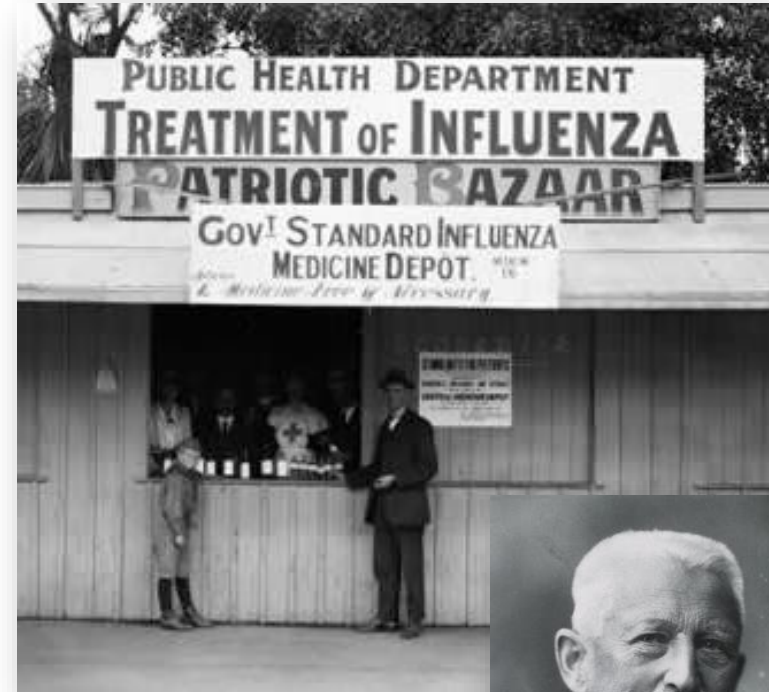


1918, soldiers with influenza are treated at an Army hospital in Kansas



The Dawn of Modern Medicine

- Causative agent (virus) unknown, no flu treatment or prevention, flu transmission poorly understood
 - Cause of influenza attributed in 1892 - Haemophilus influenzae
- Few vaccines:
 - typhoid, cholera, plague
- Only palliative therapies:
 - Aspirin, quinine, opium, ammonium, iodine, turpentine, beef tea
- Severe shortage of medical personnel
 - >30% of physicians working for the military
 - > 9,000 nurses deployed overseas

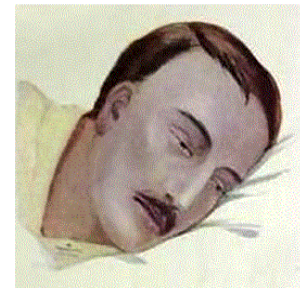
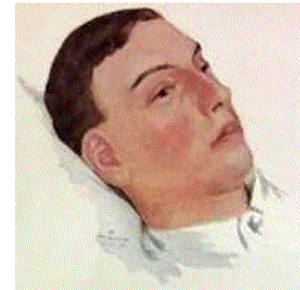


Pfeiffer



Signs and Symptoms of 1918 Pandemic

- Classic flu symptoms in most
- Pneumonia in 10-20% of cases
- ‘Purple Death’ often in 24 hrs
 - “They very rapidly develop the most vicious type of pneumonia that has ever been seen.”
 - “It takes special trains to carry away the dead. For several days there were no coffins and the bodies piled up something fierce.”
 - “Bodies stacked in the morgue from floor to ceiling like cord wood.”



Figs. 1-3 Different stages of skin coloration as seen during the 1918 influenza pandemic characterized as "heliotrope" or deep blue cyanosis. Reproduced with permission from the Lancet archives.

Shanks 2015





WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

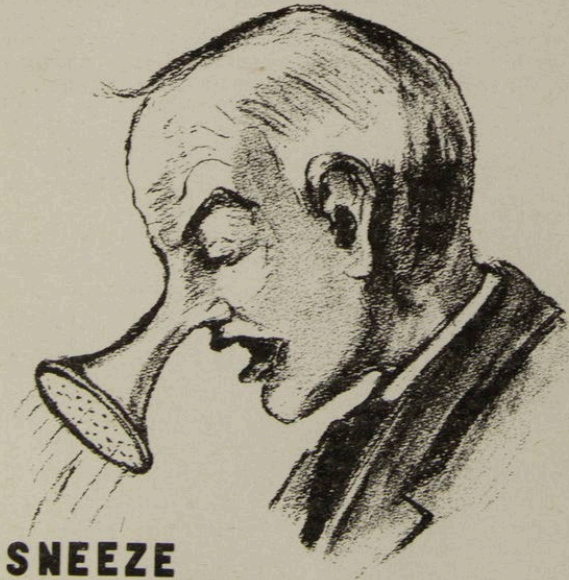
*Public health is purchasable. Within natural limitations
a community can determine its own death rate.*

Published weekly by the Department of Health, City of New York, 139 Centre St.,
New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at
New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

NEW SERIES, VOL. VII. NOVEMBER 9, 1918.

No. 45

HOW DISEASE IS SPREAD



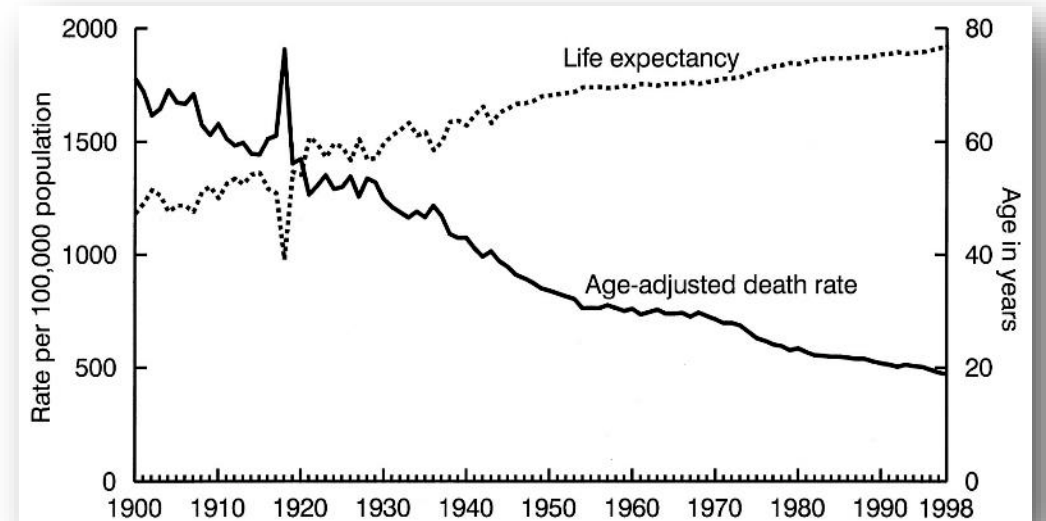
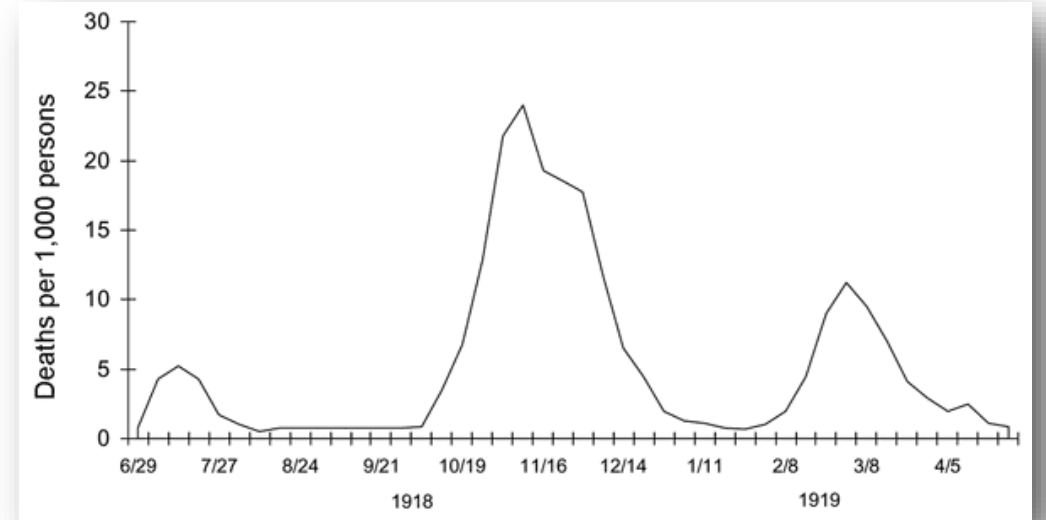
**SNEEZE
BUT
DONT SCATTER**

- **Public Health Reports,
Bulletins and Flyers**



Fatality of 1918 Flu

- Three pandemic waves with high fatality
- Estimated 50M deaths globally
- Five times the military losses of WWI
- Depressed overall average life expectancy by 12 years





Street Cleaning NYC 1918



Surveillance and Diagnostic Readiness



- Strengths
 - Expanded global surveillance and reagent distribution for flu
 - Greatly improved domestic flu surveillance
 - Next-generation sequencing at CDC of all flu viruses received
- Gaps
 - Inadequate surveillance in birds and swine
 - ‘Data Deserts’ in Africa and many developing countries



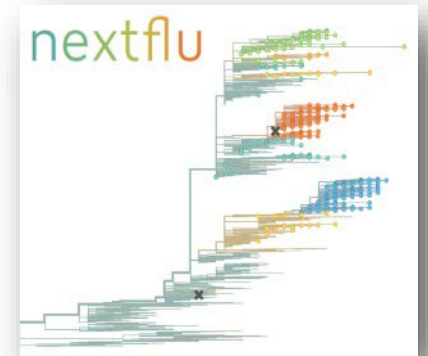
Treatment and Clinical Care

- Strengths
 - Antivirals
 - Increased availability of antivirals
 - Stockpiles maintained in some countries for use in emergency
- Gaps
 - Need better performing antivirals
 - Need reusable respiratory protective devices and better ventilator access
 - Healthcare system could get overwhelmed in a severe pandemic

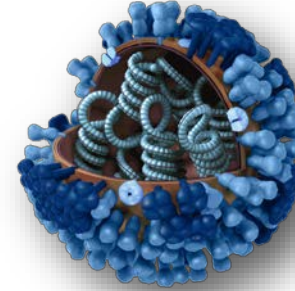


Vaccine Readiness

- Strengths
 - Improved virologic forecasting
 - New vaccine technologies available
 - Synthetic biology for making vaccine viruses
 - Cell-grown vaccines
 - Recombinant protein vaccines
 - More manufacturing capacity available
 - New programs for introducing vaccine for low- & mid-income countries
- Gaps
 - Takes too long to have vaccine available for pandemic response
 - Need better current vaccines as we work toward a truly “universal” vaccine



- Influenza viruses are constantly changing, requiring ongoing surveillance and frequent vaccine virus changes
- Pandemics vary in severity
 - 1918 pandemic was exceptionally severe
 - A similar pandemic today would cause significant illness and death
- Number of detected emerging novel influenza viruses is increasing, requiring ongoing laboratory and epidemiologic investigations for risk assessments
- Efforts to improve pandemic readiness and response are underway, however, many gaps remain



What Got Us Through the 1918 Pandemics and the ones before it?

- A proactive approach through education, policies, practices, behaviors and LEADERSHIP
- Changes like:
 - Mandating staggered business hours to reduce overcrowding
 - Establishing home care services (policies)
 - Ensuring that all cases were counted (practices and surveillance)
 - Personal quarantine and placards to identify where the sick were housed
 - Schools and theaters stayed open during the 1918 pandemic (with careful regulation)
 - Amendments to the sanitary code (policies)



01

Powerful
bonding

02

Reinforced
sense of
purpose

03

Desire to excel

04

Renewed sense
of commitment
to
organizational
goals

**Crises offer special
opportunities for growth**



Then and Now

Communication Objectives

- Underscore continued threat of pandemic influenza - public policy, practice and health central
- Highlight public health achievements in influenza preparedness and response
- Identify pandemic flu preparedness gaps, areas in need of further investment - then and now
- Empower people to act in order to decrease their risk of seasonal and pandemic influenza
 - Importance of vaccination
 - Know the actions they can take to protect their health in the event of a pandemic (i.e., personal, organizational, and community)



**Gritty
Organizations
Exist...
Because of
Gritty Leaders**

The Gritty Leader...

- Is open and encourages new ideas and takes risks
- Is resilient and returns time and time again to take on the challenges in the workplace
- Works hard on the goal at hand (think safety, PPE and combatting COVID-19!)
- Embraces a “never give up” attitude
- Overcomes challenges and setbacks and takes care of team members





5
**Characteristics
of Gritty
Leaders**

- 1) **Courage.**
- 2) **Conscientiousness:**
Achievement Oriented vs.
Dependable.
- 3) Long-Term Goals and
Endurance: Follow Through.
- 4) **Resilience = Optimism,**
Confidence, and Creativity.
- 5) **Excellence** (not perfection)



Grow

Grow Your Mindset



Grow

Grow Your gratitude



Develop

Develop Healthy Habits
(and self-control)



Practice

Practice Vulnerability and
Embrace Failure



Know

Know when to Ask for
Help



Don't Overestimate

Don't Overestimate Talent



Help

Each Other

**How can
we build
grit?**
(Dweck, Carol)



How gritty are you?

- Duckworth developed a 10-item grit scale that measures individual grittiness (passion and perseverance)
- The scale has been used across organizations and groups, including the National Spelling Bee and West Point
- Results of the quiz offer insight and support a growth mindset
- Scores range from 1 (not at all gritty) to 5 (extremely gritty)
- Take the quiz:

<http://angeladuckworth.com/grit-scale/>



HBR'S
10
MUST
READS

BONUS ARTICLE
"Organizational Grit"
By Thomas H. Lee and
Angela C. Duckworth

On
Organizational
Resilience

If you read nothing else on organizational resilience, read
these definitive articles from Harvard Business Review.

Gritty resources

Duckworth, Angela and Thomas H. Lee, MD.
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house, 2012

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Thank You!

