Leading with Heart: Stephen Berkeley and Anne Boland on Transforming Healthcare Teams Transcript

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Introduction and guest introductions

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am so excited today to have both Stephen Barclay and Anne Boland with me. And I believe they're both in Australia. Is that correct? Yes. Okay. So listeners of the pod will know my joke.

You are coming to us from the future because it's the following morning. It's the previous afternoon for me. Awesome. So a little bit about Stephen. Stephen is a seasoned change facilitator and coach helping build leaders capacity to drive change with over 35 years of leadership experience in Australia, England and India, three of my favorite countries.

He brings extensive cross-cultural and sector expertise. And Anne Boland is a coaching psychologist working with leaders and teams in healthcare, education, and professional services firms.

She's a co-host of Forks in the Road podcast, which she hosts along with Stephen. And I've been a guest on their wonderful podcast. So definitely check that out.

And providing emerging leaders with access to the stories of seasoned leaders. Prior to establishing her own consulting business, Anne was a National Director of Learning and Development with EY Australia and had worked in education and community services.

Wow. There's a lot to unpack. Welcome to the podcast. Thank you so much. It's great to be with you. Yes. And thank you, Andrea. Yeah. We loved having you on our podcast.

So it's such a pleasure to be back with you today. Yes. And it took a while to make this happen. You know, the podcasting world, sometimes there's a technical glitch.

I had no idea what happened that day. I swear little gremlins crawled into my computer. Well, we're on a new podcast platform today. So we're finding it really fascinating to have access to different systems.

So thank you for giving us that opportunity too. Yeah, always learning. I'm really liking it too. And this was a change that I made. The podcast is now on the Doctor podcast network.

And it's been a phenomenal experience for me because now I have a whole team behind me. So for the listeners, you're going to see a lot of improvements with the podcast going forward.

But let's dive in. We're going to open with the question that is really at the essence of what this podcast is about, which is change making. And so Stephen, what's one personal belief or experience that has radically shaped how you show up as a change maker in healthcare?

It's such a great question to dig deep into the past. And I think that the major shift and change came when I had that realisation it's not about me, that I'm there to be at service to whoever I'm working with.

And so that just changed all of the questions. How can I be of service to this person? What questions can I ask that help them, empower them to understand the situation better?

So it made it more of a, it's about us, it's not about me. There's something that I'm contributing to the situation with respect to my presence, with respect to my questions.

But that person or that group of people that I'm working with, they have the answers.

Stephen and Anne's paths into healthcare leadership

So I'm just acting as a conduit to ask different questions that will help them get new perspectives and think differently about the challenge that they have in front of them.

I love that answer. And as a follow-up before Ann shares hers, correct me if I'm wrong, but you didn't necessarily start off in the healthcare sector.

So could you tell the audience a little bit about how you came to healthcare? Yeah, it's probably the other way around. I did start off in the healthcare sector.

I am a career health administrator for 30 plus years. And then I moved into general consulting, working with all sectors and all industries. I had my heart set on being a naturopath, on being a dietitian, but at high school I hadn't done the prerequisite science and physics and chemistry and different things and the career council I thought I would struggle a little bit with it.

So I thought I'd become a naturopath, but it was a paid course. And in those days, it was quite expensive. And education and university education. Luckily, I was last couple of cohorts.

My education at the university was for free. So I was very set on healthcare. And I remember going to a career night and it was at the Queensland University of Technology.

And I found out about this course, Bachelor of Business in Healthcare Administration. And as soon as I saw it, I went, that's what I want to do. And my father wanted me to be a teacher.

And I know that when I went home to my mum and I said, mum, I know what I want to be. I want to be a healthcare administrator. And she could see the light in my eyes and never changed.

It was so alive inside of me. And so I did this Bachelor of Business in Healthcare Administration and that took me to acute care hospitals all over Australia and in the UK and in India plus broader aspects of community healthcare and all aspects of quality improvement change.

That was my entry into it. So yeah, 30 plus years working with healthcare professionals and my course was so fantastic because it was Almost a double degree, I had to do physiology, pathology, all as anatomy, fundamentals of medicine too, so that when I went into the healthcare system I had the language and I was able to talk with clinicians about their systems and processes.

So it wasn't an ordinary degree, I felt, and that degree is no more. So I felt really lucky that I had that combination of medical and administration and that launched my career.

I'm very grateful for that degree. Wow. There is so much there I want to come back to, but Anne, tell us your experience or personal belief that has shaped how you're showing up as a healthcare changemaker.

Andrea, I feel really privileged as a coaching psychologist to be in confidential conversations with so many leaders across many hospitals and other medical systems here in Australia.

And because of having conversations with different leaders in different healthcare systems here, I get to hear the

contrast between really poorly led systems and poorly led teams to highly functioning systems and highly functioning teams.

And it's like I'm observing and then I'm able to compare and see what works and what doesn't work and why that is. And over many years of coaching senior leaders, emerging leaders, as well as teams in healthcare, I'm in such awe of the leaders who are able to work with teams and transform teams that have been performing at a really low level, let's say dysfunctional level.

And a new leader, I've seen a new leader come in and completely transform that team from a team that is presenting as burnt out as a team who the morale is so low, people are leaving.

And I've had that experience of observing a leader come in and completely shift that to the team now becoming highly functional. So for me, I do all the reading, I'm doing the research, I'm interested in the theory.

And then the privilege I have is working with leaders and learning through those leaders who are actually doing the work on the job, in the job and helping systems transform.

So it's very similar also to Stephen's response, which is those leaders who lead well and can transform systems and teams. and then provide really high quality healthcare are those leaders who are listening, who are curious, who are engaging their teams, who are saying, we are here together.

And it's everything that's in the theory that they do it in practice. And that's a privilege for me to watch that in action and to be alongside when I have the opportunity to as well.

And looking at your background, you're a psychologist. Did you always work in the healthcare space or how did you end up in the roles that you have now?

Yes. I'd started off as an educational psychologist. So I was working in schools. And my passion originally was to work in special education as it was known in those days.

This was back in the 1980s and that's what I did. So I was interested in children to start with and then I discovered I really liked working with adults.

So I used to work with teachers and the children. I worked with parents and their children in the home around behavioral difficulties. But I loved working with adults.

I then moved out of that sector and into the private sector. I became interested in human resources. And that's when I joined Ernst & Young, which gave me the opportunity to work with leaders and senior leaders, large organization or national organization.

And that's where I got an extraordinary exposure and development and learning in leadership development, which took me into my love and passion of coaching psychology.

And I entered into coaching psychology right when it was an emerging arm of psychology and also another arm of psychology that was emerging at the same time was ACT.

So acceptance, commitment and therapy. So I sort of embraced these new arms of psychology in their early stages and I've traveled along and continue to travel along in that interest area of psychology.

Healthcare administrators, clinician bias, and leadership models

Amazing. Well, I want to bring a question back to Stephen. So, You came at this field through the healthcare administration lens. And I have to say that if my own career and witnessing a lot of doctors talk, there's probably not a group that we malign more.

than the healthcare administrator. And I don't know if that's a uniquely American experience. If I really think about it, and I'm a graduate of Sheree Johnson's Recalibrate program, I've had some significant bias against healthcare administrators.

And I really have had to work through that, that when I read Wendy Dean's book about moral injury, that health care administrators experience moral injury.

So I'm curious with the work that you and Ann do. I mean, even the language a lot of doctors use around health care administrator, maybe we don't say it to their face, but behind them will refer to the dark side.

Or if a doctor goes into administration, oh, you're joining the dark side. And from a coaching lens, you know, the language we choose is so indicative.

So pick up on any thread around that. Yeah. One of our guests, Matthew Knight, who was a physiotherapist. And when we interviewed him, he was a general manager and he was talking about his journey of deciding whether he was going to go for a clinical specialty in physiotherapy.

And he was being developed as a manager as he went along. And he had a clear decision that leadership was a speciality and that he chose that as a path.

I'm not sure whether Australia is different, but I've worked in so many different leaders who have either been, I've worked with clinical pathologists who are CEOs.

I've worked with general physicians who are CEOs of healthcare. pediatricians and then I've worked with a pure administrator like an accountant who's become an administrator.

I really can't say this from me being an administrator is a great deal of difference. I think that what you're doing is trying to see their perspective and if as an individual you're doing the hard yards and you're going down and helping them to see that you value the same things that they value.

It's sort of that conversational inquiry, finding out what they value and giving them an opportunity to understand you. Like, look at my story. I saw healthcare administration and that moment, that second, I knew that this is what I wanted to do.

for the rest of most of my life at that stage. And I'm not working so much in healthcare administration. So it sort of depends on the person. In different countries, it's okay to be an administrator if you don't have a medical background.

But when I worked in India, it was quite predominantly healthcare doctors who became CEOs or administrators, but that's changing as well. So I think that the cohort that's coming through is about serving people and showing that our values are similar.

And it's those foundational conversations that are absolutely crucial. I'm here to serve. I'm here to help you. And yep, we do have to make tough decisions around closing a service or doing those things, but how we do it, how we go about it is important.

And I think that that's what leaves the taste in people's mouth. is that they haven't felt heard through that process. And I'd love to go back and speak to those people that you've mentioned and even yourself is, I bet you it was that they didn't feel heard, but plus their contribution wasn't sown into what's coming next.

Yeah, you know, I think the trend that I'm seeing in the US is dyads. So if you're going to have somebody that's more of the administrator on the team, then they have to be paired up with a clinician because they'll lose that on the ground.

viewpoint. So is that something that you're both seeing in Australia as well? Triads, yeah. It'll be medical director,

nursing director, general manager, for example, and they'll often form as the executive.

But it's always changing. I'm not sure what I am seeing, but that's the system that I grew up with in Australia was the triad system. Yeah, that is exactly what I'm seeing as well.

Stephen here in Australia and Andrea, I agree with Stephen that it is about the communication and how that team comes together. So that triad team here in Australia has so much opportunity to.

become such a strong force as a leadership team and be able to go out into the system and listen and engage and bring everybody together. And because of the three different perspectives that you might be getting through that triad, but it's really dependent upon how that leadership team understands that they've got to do the work themselves first as a strong leadership team and then model that out into the system.

When that is not happening, you've just got this, silos will continue to permeate throughout the system. There's confusion, there's different points of view that are not aligned because if the triad is not working together as one system, I think also if the administrator is a bit of a portfolio administrator in terms of that they've had exposure to obstetrics, ICU, emergency medicine, general medicine, surgery, rehab, liaison psychiatry, whatever it is and all of the allied health.

In my career, I had that opportunity to be closely involved with all of those different departments because my role was as a quality manager. So I was working across all departments.

I felt really fortunate about that. So I got an understanding of the mechanics of the back end support services, housekeeping, engineering, all aspects of allied health, radiology.

So you're getting to see different aspects of the operations and you're also getting to create lots of amazing networks. And so you're being exposed to different ideas.

So I think that if you've got a portfolio job that works across silos, so to speak, that's really helpful as an emerging healthcare leader. And it's interesting, our first guest on the podcast of Forks in the Road was similar to me, and we both did a job exchange in 1995-96 when we went across to each other's hospitals.

I went to Manchester, UK, and he came to Newcastle, Australia. And that the exposure I had in that new system, that new ways of doing things, I was 350 bedded Department of Surgery across urology, cardiology, cardiothoracic surgery, everything.

It was the great foundation for working in healthcare from that point on.

360 feedback, exit interviews, and leadership development

And so that was a structured planned exchange. Bit of a one-off. We were lucky that we had two CEOs that managed to pull it off. And yeah, it was a one-off.

It didn't happen again. We were just lucky. He's now working because he loved Australia so much. He came back. Yeah. I want to move a little bit. This kind of crosses team and organization, but Anne had brought up that you've seen these great teams and then these really dysfunctional teams and it comes back to leadership.

I have a theory about two things an organization could put into place tomorrow that would maybe fix at least 75% if not 90% of things. So my theory is 360 evals and exit interviews.

If you do those two things, you start to help people grow. It boggles my mind how many different roles I've had in healthcare. and how infrequent, once you leave residency, how infrequent you get feedback.

As a faculty member, it's better, but as an attending physician working, a lot of times you get zero feedback. So I just wonder if the key thing that's missing in so many places I think it's a piece of the pie because let's just take

360s.

You need an environment of trust for people who are completing the 360 to be able to honest to know that this is not going to be used against them. And look, they're de-identified, et cetera, but they need a sense of trust because I've worked in organizations where that trust wasn't there and we oversaw that.

We didn't really understand the culture that was going on. So a 360 exists within a bigger ecosystem of support. And the leaders need to be able to help people with those 360s to pull out the insights so that they've got something to do with it.

Sometimes people have the 360 and they do a personal development plan or whatever the terminology is in different countries, but that's it. It remains one and done.

And there's no coach, there's no mentor. that's taking that person to that journey and all of the complexities of staying on track with that personal development plan in light of all of the other things that they have to do as a busy manager or a clinician.

So, and the same thing for exit interview, there's a symptom at the end that there's a lot of things that we can do. It's great. I agree with you, feedback is an important part of the system.

But the skills of how to help people move, coach them through into really utilising that information for change. And I'm really curious to know your thoughts about that.

So I agree with everything that Stephen has said, so I don't need to position that any further. Self-awareness is what is important here and 360 is one tool that can help people when it is well designed and connected to a development program, connected to coaching.

To refer to our Forks in the Road podcast, what we are learning with every guest, and we're up to about 35 episodes now, is that every guest has said what has been important throughout my career is, and they're all healthcare professionals, is building my self-awareness.

And we're hearing everybody's story about how they are doing that and have done that across their career. And it is through mentors, really good senior leaders above them who've been very good at coaching on the job and providing in-time feedback and support.

It's friends and family. It's 360s is one part of the tool. It is self-awareness curiosity. It's people studying and choosing to study to help their self-awareness that might be studying leadership or other aspects outside their field.

Exit into views. I'm cautious about the thing that worries me, Andrea. It's about how the people who are responsible for these tools in the system, about how they clearly, transparently, purposefully use the tools and in a way that really supports the change that is needed within the system.

So to help both leaders to understand self, teams to understand what is going on in team dynamics and to support the impact of what's happening in the way that people are behaving that is impacting the system, for example.

So I support your intention. There's also a lot of complexity around what you're recommending there as well. Yeah, I recall a time that I got some feedback from residents.

And so I was in attending, they were residents and there were some comments that were just like personal and cruel. And then I actually had another faculty member call me in.

confide that they had some really personal attacks and they felt they were discriminatory comments in there as well. And I sat there kind of looking at it and then actually there was actually somebody else that reached out too and these two I think honestly had experienced quite a bit of trauma when they read those.

And I thought to myself, I would have never released those comments to them. So there's kind of this line between transparency because on one hand it's, wow, maybe I want to know if that's really the way somebody thinks or they're going to use that language.

That's giving me quite a powerful view of the culture at this workplace. But on the other hand, like it's causing trauma. to people to receive that. And you don't know where they're opening that, right?

You don't know if they just opened that email. For clinicians, they might've just opened that email after a terrible shift. So I felt like as a leader, you should buffer that.

You should absorb that. And it's the easy way out just to forward all comments to somebody. So I'm curious from a psychology and HR perspective, what you would do.

We do look through the comments and we do make some choices. It's rare. So if there are some hard hitting descriptions in the feedback, but we feel that we can support the person to interpret that feedback and to understand it and to be very well supported.

during the debriefing and post the debriefing as well. So we'll stay in touch and follow up and check in with somebody who's had some challenging feedback.

We will leave the comments in and particularly if there is a thread and there is a theme that the individual needs to learn about and needs that in a really well supported way.

If there is one say piece of feedback that is just so badly written and it is vindictive, it is attacking and it's standing out as say an individual comment and you think that is not well written, that is written in anger, it's written in attack and that is not going to be supportive, it's going to be destructive, then we can remove a comment.

I think I've only needed to do it once in all the time that I've done and I've done hundreds of 360 debriefs where I have and I've done this many times where I've supported people through their 360 debriefs where there's challenging feedback and the person receiving that has been in tears and they have been grateful.

So they say, okay, I'd rather know and understand this. This is not my intention that I lead or behave in this way, but this person is, and actually I can see the theme here.

People are receiving it in this way. Gee, I'm learning something is hitting me hard, but thank you because I didn't realize I need this. But that you only get to really do that if you're really well supported through the whole process of the debriefing.

I think I would also add, I guess the theory around development is the pipeline of developing leaders within healthcare is not very systematic in general.

And so often that you can have somebody going up four steps. And the benefit of having an incremental pipeline is so that the person experiences the right development opportunities so that they're incrementing as they're going along.

And it does happen, people do go up four levels and they need to be really supported to help them in that transition because there's a change in mindset, skill set, tool set, every time you take a level up.

And so I think the whole piece around transition. So if you're a nurse and you're going from being a supervisor of a team, that's a transition. If you've just been an individual contributor and then you're going to being a team leader, there's a transition of learning new skills.

If we handle that really well then that person then goes well into say a nurse unit manager and then can then go into a divisional director or you know clinical nurse specialist, whole range of things whatever the transition is how we manage that transition.

And the same goes for going from being a registrar, going to being a physician, then they have a team, then going to being a director of a division.

Navigating difficult systems and deciding when to stay or go

All of those things are treated a little bit lightly. And if we look at them as real opportunities for developing those people and are they developing according to the need and being a bit more intentional about it, I think would go a long way.

This podcast is really just a chance for me to ask the vexing questions, the things I'm struggling with. And the last, I would say five years, I've really been on this journey to grow as a leader, learn the theory, get my coaching certification, do the deep work, go to therapy, heal the trauma, like all the things.

And I wouldn't exchange any of that knowledge. What I'm struggling with right now, and I want your console on. is as we deepen our understanding of being better leaders, and then you're steeped in a system that really doesn't have, as Steven pointed out, an organized way of developing leaders, I find myself in a lot of situations where it's kind of like in medical education, I'm dealing with first year medical student, I'm dealing with somebody very new to any of these concepts.

around leadership, leading self, emotional regulation. So many people fall into the politics. There's so much infighting within healthcare. So I'm kind of struggling now with like, okay, I've done all this work and I'm in a lot of spaces that sometimes doesn't appreciate that.

Now you're kind of distanced from people because you won't get into, you won't be pulled into the fray. So how do you navigate that? My immediate reaction is to remind yourself that whatever you do and say and how you act, you are a model within the system.

So if you are different to how the others are behaving, it will be noticed and felt, even though people may not express it. But sometimes they will. Be a really good observer about how people respond to you and your leadership style, your way of asking questions and being with people and listening to people.

They are the critical core skills of the way of connection, of communicating and ultimately of leading. And people sense it and appreciate it. So remind yourself of that every day, that you are leading no matter where you are.

And it will be having its own quiet impact there. And it will come through one day when the time is right, when everybody is ready. We are in a very strange time in the world at the moment.

We feel it everywhere. We're feeling it here in Australia too. And I just remind myself of that. It is the reason why we are doing podcast because it's our one small way of being able to share extraordinary leaders stories, including yours, Andrea, our conversation with you on that podcast.

Your conversation with us about your journey and your leadership and your growth is there for the world to listen to, and not just in the medical field, in the healthcare field, but for everyone and all our guests.

That's why we're doing this, because that's our one way, given your question to us now, that we feel that we can model. and support positive leaders like yourself with positive intent to share their stories about how to be kind and good leaders in this world.

Yeah thanks so eloquently said and it's that whole thing that you can't be what you can't see and as Anne said the people are watching and will be watching and will be learning from you and it's those small little ripples and influence that you're creating is gold.

and valuing the small changes that you're making as being gold because that will empower other people to go out and do their own rippling in their own parts of the organization.

And I think that the one virtue that is the most handiest in this situation is patience and knowing that we're filling the bucket one percenters And also having, as Anne said, you know, being able to listen to other people that are doing this stuff in healthcare systems around the world.

There's plenty of folk that are trying to do exactly what you're doing. And there's always help. There's always someone that you can ask. One other question that comes up for a lot of healthcare professionals is when to cut their losses.

When they should look at an organization and say, this isn't worth staying. I can't be here. Should I stay or should I go? I'd really love both of your perspectives on that question or how you approach it with clients.

I approach it by supporting my coaching clients, so supporting my clients to consider what their purpose is in life, what their values are in life. How is this organization supporting them to do their work given their personal purpose and values?

and also what that means in their personal life as well. So it's not just about their work life, very importantly it is about their whole life. So I take a holistic view with my clients and help them to find the best ways for them to do that checking.

and to check the alignment. So it is going to be about what's going on in my family life. How well am I? So what is my psychological wellbeing here? As well as being able to do the work.

If I stay in this system, given maybe some dysfunctions in the system, Can I be well and do that well in this system? Just so many ways to check off those sorts of questions in deciding, do I stay or do I go?

When you support people and be the sounding board for that, for them to work through that process, it just becomes clearer and clearer for the person to say, I do stay because I have work here to do and I can be well supported.

Or it is time to go and then we look at their exit strategy of how they leave the system and go to somewhere else. Or as, and I think you talked about this with us, Andrea, is it time for a break as well?

Is it time for something very different as well? So it's all about supporting people with their choices. I love that. Anything you want to add? Yeah, I'm remembering two pieces of advice from two of our guests.

First one was from Ben Fielding, which was this concept for him of mindful entry and mindful exit. And that was coupled with what I think it was Grant Muddle said that never move away from something, move towards something.

And I think it came from a story of going home to his dad and complaining about a job or a particular thing. And he said, you're moving towards something, not leaving it in spite of type of thing.

And I love that piece of advice. And so the mindful entry and mindful exit so that you're making a decision for the right reasons around your purpose and your values.

And you're going, okay, but this is where I want to be. This is the type of place I want to be in. These are the type of people I want to be around. This is the type of work that I want.

And then you're making a line towards that. and then that opportunities start to emerge around that clarity because things do shift and that's part of normalizing that we will have moments where we see that this is not the place for me anymore and that's beautiful actually because that's showing that there's growth inside of you and that you need a new place to help you go to the next stage.

Yeah, so those lovely two bits of advice, mindful entry, mindful exit, and don't move away from something, move towards something. Oh, those are just pure gold.

Well, this has just flown by. I want to move into our rapid fire questions. What is one book that changed the way you think about leadership or systems?

Rapid-fire reflections on books, mantras, and hope

Yeah, for me, it was The Brain That Changes Itself by, I think it's Brian Deutsch, or Deutsch anyway is the surname. It's not a leadership book, but what I loved about it and had a massive impact on me was thinking about But from the brain point of view, it was an eye-opener for me and I think it supports me in everything that I think and do about how we as human beings can change as a system.

I love that. Great, Stephen. I have two books, but I'll go for the one that really started it all, probably three books, but I'll go for the one that started it all for me.

And that was The Fifth Discipline by Peter Senge and Co and particularly The Field Book. And it was given to me in 1994 and I've taken it with me to the UK.

I've taken it with me to India. I take it with me everywhere. It's the first thing that goes into the bag. There's so much in it that helps you think about being a change maker.

And I feel like it's necessary reading for all change makers. And if I can steal a second, it's Clear Leadership by Jarvis Bush. Fantastic book and really helpful about understanding how to navigate organizational change and transformation.

So good. I think like there's books that you can keep coming back to and that evolve with you and you pick up different things. Like for me, that's The Gifts of Imperfection by Brene Brown.

I can come back to that book. I can listen to it on audio and just dive in and dive out and pick up new things every time. What's a quote or a mantra you return to when things get tough?

For me, that is the little mantra of my own, which is I never know what is really going on in the other person or in the system. And so I use that often because it's when something triggers me or I'm getting a little bit uptight and edgy about something or frustrated.

It could be because of an email. It could be the way that somebody is behaving and acting or could be something that's happening in the system. And I just settle back down, breathe in and say to myself, I don't really know what's going on, which then leads me into the curiosity of what could be going on and what do I need to find out?

Love it, Stephen. Wow. This is a interesting question. The one that I used from my late teenager hood is clarity and harmony within me and around me. My body is a temple and it's one that my sister and brother-in-law, we used to do it together and two of my great friends and yeah, and I still use it.

And it's a sort of an anchoring moment. It just stops me, makes me go inside and it's a pause button for me. That's so beautiful. All right. What's giving you hope in healthcare right now?

Fox in the Road. Our podcast. Yeah, because we are meeting people all over the world. Once again, you, Andrea, we're here because of our podcast and connecting with you.

You provided us with a guest and we're just meeting all these wonderful healthcare professionals and leaders like yourself. It is filling my bucket up daily.

Yeah. Oh, that's so beautiful, Stephen. Well, ditto to that, but what's giving me hope? I'm running a retreat this weekend for healthcare professionals on pause, reflect, recharge.

What gives me hope is that it's booked out, that people want to take out time for a full weekend, Friday night through to Sunday, and to look after themselves.

And I've always seen that. Whenever an opportunity like this is opened up, it's always a full house for healthcare professionals. And spending my weekend with a group of people like that and hearing their stories, listening to their stories, seeing their sense of possibility and what they can do, a great hope generator for me.

Oh, that's amazing. Well, this has just been a real treat for me. I want to thank you both for all the work that you're doing. And could you both share how our audience can connect with Forks in the Road and with both of you?

Well, they can find folks in the road on Spotify, Apple, Substack, and that's one way both of us are on LinkedIn. And my business is called Flintrock and so my LinkedIn company page, there's heaps there about the podcasts and a whole range of amazing resources around change.

I love it. Ann? Yeah, I just encourage people to go to LinkedIn and find me there. And I would love to connect if anybody's interested.

Closing remarks and ways to connect

So yeah. Thank you, Andrea. It's been so much fun. Wonderful to connect with you again as well. Thank you both. Thank you. And I wish I had fingernails to show off.

Yeah, for anybody watching. Got some fun nails today. All right. Well, we'll talk again soon. Okay. See you. Thanks for listening to Heartline, Changemaking, and Healthcare.

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