

Compassion Fatigue & The Need for Self-Care With Jahmaal Marshall

Episode 75

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Jahmaal (00:00):

If you're not power positioning yourself for sustainability, what is the mindset that feeds you constantly placing yourself on the front line with your gas out? And at some point you won't be there at all. So what are the practical ways to, dare I say, piecemeal yourself as you take care of others, so that there's still some of you there to take care and that you're taking care of your head space and your heart space in the process? If you don't pause and consider these things and you're just living on an autopilot, you will run into a brick wall.

Jim (00:29):

Welcome to the Healthcare Leadership Experience podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.



Since 2007, Jim has been a registered nurse working in critical care, perioperative services and outpatient settings at nationally recognized medical facilities across three states.

You'll hear conversations on relevant and trending topics in healthcare and much more. Now here's your hosts, Lisa and Jim.

Jim (01:08):

Hi, this is Jim Cagliostro, and you're listening to the Healthcare Leadership Experience. This is actually our 75th episode, and I wanted to have our guest today, Jahmaal Marshall, I wanted to have him for our 100th episode, but I said, no, I can't wait that long. So we have him here on our 75th episode. We're excited. He is a certified counselor and consultant and founder and CEO of Listen Then Speak. So when I think of what Jahmaal puts out on LinkedIn and a lot of the content and the work that he does, I couldn't think of a better person to speak to the issue of compassion fatigue and the importance of self-care, especially for healthcare workers. So again, I'm personally excited to have Jahmaal on the show today.

Thank you, Jahmaal, for joining us. Welcome.

Jahmaal (01:49):

Jim, I'm excited to be here. I've been licking my chops for this one, and I'm glad we didn't wait till 100. 75 is a cool number. So, man, we've been on this journey together for about the better part of the two and a half years, so I'm looking forward to chopping it up with you, bro.

Jim (02:03):

Awesome, awesome. So to start things off, I always like our listeners to get to know our guests. Can you share, first of all the significance of the name, Listen Then Speak, and then how you arrived at this point in your journey. I know you've shared some with me the steps that have gotten you to this place, but why do you do what you do? How did you get to this point?

Jahmaal (02:21):



Oh man, I'm going to try to be brief because those are some of the first questions everybody asked me when they bring me on their show. So how I got to this point, as you know, I was working in the Midwest, in Williamstown, which is a little bit south of northern Ohio, well, southern Ohio actually, it's the most northern tip of Kentucky, as a counselor, as a public speaker, and as a promoter. And in January of 2017, my father had a major stroke. It was around June of 2016, I started praying because I'd been doing the work for seven years and I just started to think I maybe wanted a change. I loved what I did, but I just needed a change of scenery, sort of a change of venue. I didn't know that what would happen with dad happened, and he had been in recovery for the better part of nine months.

Jahmaal (03:07):

So I started getting a bunch of standby flights home and I started feeling myself being pulled away. I was in two places at one time, and then around April of that year I prayed and then God showed me, it's time to go. So I went to the leadership. They were like, "Well, I don't want you to leave, but I'll support you and bless you to be able to transition out." So I transitioned out officially in September. When I got home, what I didn't know is dad had had a major stroke, he had been in months of recovery, he was doing really well. There was a care plan to bring him home. I was so excited and in residing there, I had a job lined up as a project manager for an independent website in Columbia, Pennsylvania.

Jahmaal (03:46):

Three days after I got home, he got critically ill. So we went to the hospital for about two and a half months, a time of hardness, a time of misery. On December 5th, 2017, God called him home. I went through a long season of darkness. I mean, the celebration of life for him was amazing. The gospel was preached. Hopefully your guests just know I'm unashamedly a Christian, but I do have a broad audience of people who don't believe what I believe and that's fine. We walk together. But I went through about a year, and I would say six months for sure, of toying around with wanting to be an atheist, an agnostic. I hated God, hated Jesus, hated the gospel, hated everything I was. I questioned everything I was as a man, a leader, a counselor, a teacher, just all



that stuff. Questioned everything I had poured into other men and families. I'd spent years, my best years really, serving other people.

Jahmaal (04:38):

I'm like, "Well God, how could this happen?" So I hated God. I hated Jesus. I was back in DC, a place I never thought I'd come back to live, because I had decided to give up that job in PA. Just the grief, it just really had weighed me down. So being back in DC, obviously from Kentucky to DC, the cost of living is quite a hike. I was like, "Okay, this is reality." I had come back home and assumed dad's bills and I was like, "Okay, we're not getting any money here." So I volunteered for, I don't if any of you guess have ever heard a place called Calvary Chapel, but they had a magazine that was located in Northern Virginia. So I volunteered for them and then I started going to a networking place out in McLean. That's when I found out about IJM.

Jahmaal (05:25):

I didn't know anything about human trafficking, anti-human trafficking. I had no idea that human slavery, sexual slavery, existed at the level it did. So my eyes were really open once I had joined the organization. Then I worked on the North America team and I transitioned to the global team, interns and fellows, to be a global lead in January of 2018. So that was a blessing to be able to do it. But I realized that even though the work was fun for me, I wasn't fulfilled. The work was paying the bills, but that's pretty much all it was doing. It wasn't until around 2020 I knew nothing about LinkedIn. I wasn't on any social media, but I would walk through the woods. So I'll fast forward, I'll rewind and fast forward a little bit.

Jim (06:15):

Sure.

Jahmaal (06:15):

During the time when I was really hating God and considering being an atheist, I would go to this empty tennis court in my neighborhood, and I

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would just throw up all sorts of expletives and F-bombs and just crazy stuff. I figured at some point people walking by me think, "Man, this guy's crazy." And so I said, "Well, let me go into the woods." This neighborhood has four different Civil War forts. And I said, "Well, foxes and deer don't speak any English. They can't understand what I'm saying, so I'll just do what I'm doing in the woods."

Jim (06:39):

Okay, yeah, yeah.

Jahmaal (06:42):

For some odd reason, I went from profanity to prayer to praise. It's just a slow process of God just being very patient with all my black tar, all my questions, some questions that I still have, and turning something that is very wretched into something very beautiful. Then these thoughts would come to me while I would just be out and I would say to myself, "I'll just record the thought." So oddly enough, going to this place in McLean, they'd say, "You need to have a presence on LinkedIn so recruiters can see you."

Jahmaal (07:12):

So that's kind of how IJM was able to see my stuff, get in contact with me. I got a contract and then went full-time. Fast forward to 2020, I started posting some of these thoughts onto LinkedIn and fast forward to May 2020, which was a very horrible day in our country. I mean it had been preceded by a lot of horrible days. But internationally, people just got to see some of the ills of law enforcement here with the death of George Floyd. It's not like stuff that didn't happen before, but the way it was caught on camera, the way it was depicted and living in a major city, I mean, living right here in Washington DC, our city almost went up in flames. I mean, the National Guard is here, so there's only so much that can happen. I just felt the need to speak to that. Whether you're conservative, whether you're liberal, whether you're Republican, Democrat, or you find yourself somewhere in the middle, I just felt the need to speak to balance.

Jahmaal (08:04):





Let's just pause and let's stop. Every person of a lighter hue is not racist and there is systemic racism that exists. I think a lot of people don't want to acknowledge that. So I began speaking to that as balanced as I could, as I thought God was leading me, and those posts kind of caught fire. So to answer your question, when those post caught fire, a group called the Safety Justice League reached out to me and wanted to interview me. I had no idea — I was like, "I don't have a business. I don't have a brand. What's going on?" I was nervous and something told me, just do it. So it was a panel interview.

Jahmaal (08:41):

I did this panel interview and the female, the one female, her name is Abby, Abby Ferry, she said, "Are you a podcast host?" I said, "No, that's not really my thing, but thanks for asking." She said, "You should be. You're a natural."

Jim (08:53):

I agree. Yes, I would agree with that.

Jahmaal (08:54):

This is the crazy thing because this is how it came full circle. After that, the people who I was supposed to work for in Columbia listened to that podcast. They sent me a check for \$2,000 and they said, "We want you to buy yourself MacBook Pro and we are going to give you a whole web domain. We want you to just really begin this work. I feel like you should do this." A mentor of mine who had worked with me bought me this mic that I have right now. I wasn't looking for it. It was looking for me. So Listen Then Speak in its inception was supposed to be like a racial reconciliation podcast, but I didn't feel that I had... not that I didn't have the wherewithal to do that, but that was a space I wanted to live in every day.

Jahmaal (09:35):

So I said, okay, "Let's see what we can do with that." I just took Listen Then Speak and I put my own nuances on it. So that word, obviously as a certified counselor, I've been doing this for 10-plus years and 16-plus years understanding human behavior. I have to listen to my clients more than I speak to them. 80 to 90% of our session is listening, so I can catch the pain

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points and then I speak to those pain points and find applicable and practical solutions that get them results. So that's what Listen Then Speak morphed into. Not that I still don't care, I care deeply about racial reconciliation, but mental health, we all have a head space. So if your head space isn't right, I can tell you all sorts of things about race, but it's not going to land if your head space is jumbled.

Jim (10:21):

Right.

Jahmaal (10:21):

Seeing the tenor of what my clients had dealt with, I was like, "Let's take this and do something with it." So bringing people onto the podcast, my first guest was a five-time bestselling author. He said, "Man, I've done thousands of these and I will put you on my top 20 interviewers." He said, "You just have a gift to really bring out and unearth the best in your guest."

Jim (10:39):

Yeah.

Jahmaal (10:39):

So I hope that answers the question.

Jim (10:42):

It does.

Jahmaal (10:42):

So today, listen and Speaker has turned into an LLC, so I take clients for 12 weeks. It takes 90 days for the neuroplasticity of the brain to change and actually to begin to move in the direction it was intended. So seeing clients establish the boundaries that they need to actually move forward, whether it's in their personal life or professional life, is what we work on and we get down to the root. I'm not a coach, I have coaching in my background, but I'm a certified counselor because there's a need to go back to find out why are

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you not on purpose? Why is your behavior on autopilot? What are the habits and addictions and the belief system and mindset beneath the weeds? We have to dig into the weeds. By God's grace, I'm good at what I do. I've been doing it for a while. So I hope that answers the question. That's a long-winded answer.

Jim (11:32):

Listen, it does, and I'm glad you did take the time for that because it informed me a little bit better of your story and I definitely appreciate it. Thank you for sharing the personal side of things. I think you shared a few days ago about your misery becomes your ministry and the experience that we have really prepare us to serve others if we're looking to use that to help others. We're going to get into a little bit of that, looking into people's experiences and their past and seeing how that impacts the way they operate today.

Jim (12:00):

So about specifically the podcast, which is also called Listen Then Speak. I know I've read or you've said, "We don't shy away from what is considered taboo and we don't have an agenda to focus only on what a person does, but who they are." I love that because you dig deeper than simply what a person does, their occupation, their title, whatever that may be. You get more to who the person is, their identity, their belief system, you just mentioned, their struggles, their joys. So much of our identity. As a nurse, I definitely sensed this early in my nursing career, so much of our identity is wrapped up in our occupation. That can have its pros and cons. But can you shed a little more light into this approach? Why you think it's necessary to look past just the title, just the job, and really get into who a person is and their history, their belief system?

Jahmaal (12:48):

I'll be very frank with you, Jim. Part of that, and the reason that came about is just by the locality of where I live. We call this the DMV, and I know when people think of DMV, they think, "Gosh, Department of Motor Vehicles."



Jim (13:03):

Of course, of course. Yeah.

Jahmaal (13:03):

DMV to me, living on here in the East Coast since '89, means DC, Maryland, Virginia. And in that northern Virginia, southern Maryland, DC area, and I'm right in Washington DC, it is some cutthroat around here. You live and die by what you do. The first thing people ask you, especially guys, as soon as they see you, "What do you do?" So, I knew interviewing, I did not want to focus on what a person did and that what they did didn't define them. Especially as a person who's a counselor, who's looking into human behavior and how a person thinks and who they are, I want to know who you are. Getting my guests in that space, when you ask someone who they are, they'll throw up in your lap for lack of better rhetoric. So that actually is a part of this secret sauce to Listen Then Speak.

Jahmaal (13:47):

It's like, I want to go past all the surface stuff of what you do. I want to find out about your faith, your background, your lack of faith. I've had atheist, agnostic, Buddhist, Muslims, anything, because I can learn something from everyone. Just because I believe what I believe doesn't mean that I can't learn and doesn't mean that I can't be informed. I want to learn about the highs, the lows, the hills, the valleys. That's what I love about autobiographies because that gives me the full story, not just the highlight reel of who you are. So in about 30 to 40 minutes, I'm getting a bit of the fullness of their story by not focusing on just on what they do. We can put that in the show notes. We can saw it in] towards the end of the episode. We can do B-roll or midroll for that. But tell me who you are because that's going to unearth the highest point of value for our guest and audience.

Jim (14:36):

That's great. Again, the things that you're sharing and even what you're sharing now, you're not afraid to have those difficult conversations. Is that something, how do I put it? Why do you making people feel so uncomfortable, Jahmaal? I won't put it that way, but why are you not afraid



to have those? Why is it so important to dig deeper? A lot of us, okay, we can do the surface conversations. Why do you think it's helpful to have those difficult conversations?

Jahmaal (15:03):

I'm so glad you asked that, Jim, and I'll share a little bit of my testimony because for the longest time in early childhood, early teenage years, I didn't want to be uncomfortable. I lived for being in my comfort zone. Many people, and you've seen in my content, I honor my dad. I love my dad. He was my best friend. For 12 years, we were best friends. I'm nearly 40 now, but the first 22 years was hell on earth. Okay? He was like my worst enemy. Before God changed his life, he was an alcoholic and a drug addict. He used heroin and crack. So you can imagine, my mom was absolutely divine, what type of household and environment that created. So I walked on eggshells, and I grew up with a huge fear of rejection. Most of the clients that come to me, they have some fear of rejection inside of them.

Jahmaal (15:50):

It may not be as traumatic as my childhood, but it's a series of things that have stockpiled, that have brought them to a belief system that they have to go overboard just to avoid rejection. So I avoided rejection. I avoided anything uncomfortable because the very place I lived was so uncomfortable. Anytime I'm out the house, I'm not going to be uncomfortable. When you take those subliminal hits, it informs the way you move about the earth. I avoided uncomfortable situations and uncomfortable conversations. So now the inverse is true. It's like, no, let's get into it. That's why that's my hashtag. Let's get into places that are uncomfortable because that's where the growth occurs.

Jim (16:23):

Yeah, I appreciate that. We were talking earlier about the stage that we are both at in life and part of me is like, "You know what? I don't have time." In my mind, sometimes we're just wasting time. I think you would say, "Let's get into it, right? Stop wasting time. Let's really just jump into the stuff that really matters and really kind of journey together."



Jim (16:42):

So looking at one of these difficult conversations, you know the topic for today, is this idea of compassion fatigue. It's been described a number of ways, but one definition that I like, very simple, "the physical, emotional and psychological impact of caring for others who are suffering, especially over long periods of time". I know you work with individuals from all walks of life. You just shared that. In your experience, do you feel like healthcare workers are more prone to compassion fatigue? Are there additional challenges that healthcare workers face that make them more susceptible to this compassion fatigue?

Jahmaal (17:16):

Just to answer your question very frankly, yes. I mean the environment itself elicits that type of... You're in front of people who are in some form of suffering, depending on what department you may work in. With healthcare workers, I often think of them as people with capes on. They want to rescue, they want to save. Somewhere there, there may be a bit of a complex, like, who's going to save them except me? I think the willingness...There's a scripture that says, "Even when I will to do that which is good, evil is present with me." I don't want to inference that of your audience. "Like, man, what is this dude trying to call me?" But even within us, our best laid-in motives can be selfish, but we don't see how we're running ourselves into a brick wall and we don't realize how worn out we are.

Jahmaal (18:01):

We intend to do that which is good. Our intent is well, but it may be misplaced. And it's like, "Well, there's a sick person in front of me. What do you expect me to do?" However, I would challenge your audience and I challenge myself, are you practicing the needed boundaries so you don't end up full of bitterness and resentment? Because the bitterness and resentment will actually cause you to... When there's high turnover in these field, it's because you weren't in place or you were out of position. I know that in the medical field, it's been tough because, let's just be honest, throughout the pandemic, you guys have been short-staffed. So it's only so much bodies to go around to actually do the work, but the compassion fatigue is almost



where you're working more hours than is needed. You're going overboard. You're doing what is not even been required of you.

Jahmaal (18:46):

In your field, it's difficult to speak to that because sometimes it's life or death. If I'm not in position, if I don't do my job, this human individual will become just a body. This will be a terminal. We don't want that to be the case, or there is disease on that or there is prescription that didn't need to be prescribed. It could be any number of things. So I don't want it for your audience. It's not lost on me the very real factors that you face. But I would challenge everyone as I challenge myself, especially in caretaking, to examine your motives and how are you power positioning yourself-

Jim (19:23):

Sure.

Jahmaal (19:24):

... to make sure that there is sustainability. If you're not power positioning yourself for sustainability, what is the mindset that feeds you constantly placing yourself on the front line with your gas out? At some point you won't be there at all. So what are the practical ways to, dare I say, piecemeal yourself as you take care of others, so that there's still some of you there to take care and that you're taking care of your head space and your heart space in the process? If you don't pause and consider these things and you're just living on autopilot, you will run into a brick wall.

Jim (19:56):

We've seen that. Yeah, we've definitely seen that. That's a great perspective. I was going to ask you, but I feel like you kind of covered that in terms of how are we doing as a society? I mean, is the issue where it's becoming a bigger problem just because of the way things go? Or are we just failing to address it because life just takes us and we're running a hundred miles per hour? I mean, do you have any thoughts on that? Are there better things we can do to address it, maybe from a health system providing more services or counselors being more available to healthcare workers?



Jahmaal (20:27):

Yeah, I would definitely say, especially in the medical field or in the corporate field, and I know people who are probably outside of health are listening to your podcast, for those who are in the C-suite, if you guys are hearing this, make sure that you've budgeted for a counselor and some sort of resilience worker on your staff, so that your staff have a place to carry that. If they're carrying that alone and they're trying to carry that home to their spouses or their friend group, if they're in a younger crowd, they're not going to know how to process that in a way that's redemptive. So I would say, "Companies, if you're not budgeting for counseling staff, people who are certified, resilient staff, you are doing your company a disservice and you're actually burning out your employees and you're creating high turnover."

Jahmaal (21:09):

From a revenue standpoint, you still have to pay six to \$10,000 each time you onboard a new employee, and that institutional knowledge walks out the door. So this is a cycle that we see time and time again, not just in the medical field, but in the corporate world. I want to encourage it from the top down, but also for you who are the direct reports, you have to learn and get to the place in your mind where you can advocate for yourself and see your need for counseling, see your need for some type of therapy or some type of coaching. If you don't see that and you just continue to go on autopilot and you hit the brick wall, well, you have to thank yourself for the fact that that's where you landed.

Jahmaal (21:44):

So a lot of times if you think about cybersecurity, even when I do my content, I'm not really speaking to those who think everything is fine. I'm speaking to those who think, "Okay, now it's time I need to do something about this." A buddy of mine, Enrique Kalb, who's in cybersecurity, he's not really speaking to business owners who are not aware of the dangers of all the information getting hacked. He's actually speaking to people who probably have already been hacked who see like, "Oh, wait a minute now I don't want that to



happen again. I can't lose that information. I can't lose that revenue. I can't lose that type of time." So I'm speaking to those who have a sense of urgency because this is urgent.

Jim (22:16):

That's a great point. We are seeing more hospitals and health systems get into it, but in my personal opinion, just not enough. A lot of times it's just preventative healthcare, it's hard to motivate people to do the right things before it becomes a problem. We really don't develop that sense of urgency until we see, "Hey, there's a problem, there's an issue here." Thank you for that perspective. Jahmaal.

Jim (22:38):

If you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro.

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So Jahmaal, we do a self-assessment, either as a society or even as individual caregivers, and we recognize that we are indeed experiencing compassion fatigue. What's the next step? Obviously, you come from a counseling perspective, so maybe if you could take us through the steps of helping an individual truly understand what's going on when they're experiencing compassion fatigue and then walking them through that.

Jahmaal (23:32):

That's a great question, Jim. Once you do the assessment, one thing I would say, be very careful of information that's coming back at you, or even internal information that's subjective, because you can trick —— and trick your mind as in not being fully honest with where you are. Then once you see the raw truth of where you really are as an individual or where you may be as a



company, now it's time to take action. The next steps is, okay, I want to seek out a trusted provider and someone who is not only discreet, but someone who can give me some results, someone who's willing to actually dig into the weeds of what am not only I thinking, but what is the narrative that I believe? Working with clients often challenge... We see the word on LinkedIn, "disrupt," so much. It's like, okay, well what are you disrupting?

Jim (24:16):

Yeah.

Jahmaal (24:16):

I actually want to disrupt the ongoing narrative in your mind that's actually informed your behavior. So begin to seek out someone who can actually disrupt that narrative because when you're on autopilot, you know no other way. There's a scripture, I'm going to preach for a second, that says, "There's a way that seems right to a man, but it ends in death." So there's a lot of ways that seem right to both you and I that seem like, "Oh, this is fine. This is okay." But what is it producing? Is it producing fruit or is it producing a briar patch of sticks because we are burned out and because there is compassion fatigue and because we are caretaking, but we're not taking care of yourself.

Jim (24:51):

Sure.

Jahmaal (24:52):

So encourage them to begin to seek out that help, get honest with yourself and then begin to go into your calendar and set aside time. "Okay, if I've made this decision, I need to make a commitment to my own healing, to my own health, to my own wellness." Sustainability is key. I think we don't think of that a lot. One of the books I work with clients through, depending on the client, is Steve Covey, Seven Habits of Highly Effective People. I love his quote that says, "Begin with the end in mind." Okay, if I continue at this rate, what does the end of this look like? So to really go through that process with yourself so that you're serious. One thing I have clients do is write down your why. It's a whole sheet that I go through, a whole Google sheet.



Jahmaal (25:33):

When you see who you're fighting for, it actually not only puts restraint on you being on autopilot, but it actually redirects you to be more intentional about your time, the way you're living your life, about your output, but also about your input and really dealing with the false guilt. Because if you think about compassion fatigue, some of the motivation, if we're willing to admit it, and if we're gut level honest, is guilt. It may be a false guilt, like, if I don't do it, who will? If I'm not here, who's going to be? So we don't even realize that we've actually broken down the very wall of boundaries that we need for sustainability. We've torn it down ourselves by the narrative that we tell ourselves.

Jim (26:14):

That whole concept of sustainability, I mean, we talk about it in healthcare, but personally too, as healthcare workers, it's like we can push, "Hey, we need you to do a double. We need you to pick up an extra shift." Again, we're going to get into that act with the next question, we stretch ourselves so much that we're no longer able to be productive just even the next day because I've given... And sometimes yes, every once in a while, there's a situation we need to step up, rise to the occasion. But if we're doing that on an ongoing basis, just as humans, we're limited. We have a limited amount of energy, bandwidth, that we can keep pushing. At some point, we're going to crash and burn. I love just how you kind of laid that out. You mentioned about disrupting the narrative in our minds. Do you feel that often it takes an outsider's perspective to recognize that? We can't see it because we're in it. Is that fair to say?

Jahmaal (27:03):

That's definitely fair to say. I mean, each of us, and I know your female listeners may not receive this well, but each of us is a Mack truck in a sense. Anytime when I've had to wake up super, super early and I say, "I need to get to the grocery store, I need to pick up some items." And you go to the Walmart parking lot around like five in the morning, what do you see? You see these huge, larger than life, Amazon Prime trucks, and they have about



eight mirrors. Even with that many mirrors, that truck still has blind spots. It's still stuff that the driver and even the passenger don't see. You need the perspective of others.

Jahmaal (27:35):

For right now, as you well know about my weight loss journey, I had a really bad injury last year to my left knee, highly inflamed, was very inactive for a while. And even as a counselor, I don't just do branding and marketing, I do real life. I'm very authentic with my story. I went into my own little depression. I said, "Man, I'm not just going to have a burger. I'm going to have three." So I put-

Jim (27:54):

I know the feeling. Yeah.

Jahmaal (27:57):

Yeah, bro. I put on more than 50 pounds of unwanted weight. So far, I've lost 30. But it's taken the help of a personal trainer. It's taken outside sources because they can see things about my habits, my macros, the way my body processes food that I can't see. It's just not natural. It's not natural to me. So to answer your question, we have to get out of that insular space and get a different perspective. I'll preach it again. There's a proverb that says, "A man sees himself right in his own eyes until another comes and examines him." So it's very important for us to get that type of accountability if we're going to move the needle of sustainability forward because left to ourselves, we'll just stay on autopilot. That's just simply the truth about all of us.

Jim (28:41):

Listen, keep those proverbs coming. You know I love it. I love the Mack truck parallel. It's like no matter how many mirrors we've set up, we still have those blind spots. I think that's a perfect way to put it. I want to talk about this group of people, and it lines up exactly what you're talking about, you've mentioned it on LinkedIn, and I'm sure in your other content that you put out, you've addressed a group of people called people pleasers. I believe it's



very relevant to healthcare because a lot of healthcare workers are naturally people pleasers, right?

Jahmaal (29:09):

They like to make people happy. They have this desire to serve, I say at least at the beginning of their careers, I'll be honest. We have this compassion fatigue and burnout that happens. I've worked with people and I say, I started to fall into that category where maybe we don't have that sense of people pleasing like we did at the start. What do we need to discuss in terms of people pleasers? I've heard you talk about the need to say no and setting up healthy boundaries. I think you mentioned that already. How do you work with someone who is born people pleaser and say, "Hey, it's time to set up these boundaries"?

Jahmaal (29:40):

Well, I want to go back, want to say, even with the question born people pleasers, none of us are born that way. We get that way through a series of events, and it may not even be anything traumatic. It just may be a series of events that stockpile in a narrative, again, that goes into our mind that says, "This is the way you function."

Jahmaal (29:58):

So if you think about children, you got four beautiful girls. Children are the greatest recorders of information for the poorest interpreters. So anytime there's a people pleaser, and I want your audience to hear this, they have started out as a parent pleaser. I wanted my parents to be happy. Of course, my childhood was a bit more traumatic than your average person. So that growing up in fear of my father, I thought every other man had some X factor that I didn't. I knew I was being rejected at home. I didn't want to be rejected anywhere else. So I found myself going overboard in everything. I was a straight A student. Before I had a back injury, I tried to be at least semi athletic. I wanted to be the best at everything because hat became my identification.

Jahmaal (30:37):





But also as a natural empath, yeah, I could definitely say people can be born empaths and being a bit more sensitive to the needs of others, I wanted to heal the world, and I spent myself just doing it. It also fed something in me. I want your audience to hear this. It's your hunger that drives you. Now, most of us live in a Western society, so we don't have to really scrape for stuff, but hunter gatherer, you better believe they were willing to go out and fight a lion, fight with a bull, do whatever like that, just to get put food on the table.

Jahmaal (31:04):

So each one of us has a hunger inside of us based on the belief system and the narrative internally. That's going to be what drives you. With people pleasers, their hunger to please others, their hunger to not kick up any dust their hunger to not trouble the waters is what drives them. It can even drive you into certain professions or drive the way you navigate that profession. When you're in that and you have that desire to serve, a lot of times you're doing more than is required because it's feeding something in you. It's driving you to obey that thirst. Sprite used to tell us that a while ago in there in their ads.

Jim (31:39):

Right.

Jahmaal (31:40):

When it comes to people pleasing, sometimes obeying your thirst can actually leave you even more thirsty, and it's a never-ending cycle unless it's addressed and interrupted.

Jim (31:48):

So I don't know if I could put it this way, there's a way out or there's hope if we recognize the issue and say, "Okay, we need to address it." Can you give insight maybe into the long-term prognosis? Is this something that healthcare workers are just going to fall into this compassion fatigue? I know a lot of times, my wife, after a tough shift... She's a school nurse now, which was a great change for her, but when she was on the floor, 14 hours, no lunch break, no bathroom break, she would come home and she's like, "I need to



change careers. I need to get out of this." Because she was overwhelmed. I know that feeling too. Is there hope in terms of getting out of it without having to leave nursing or whatever the healthcare profession might be? What are your thoughts on that? Maybe people you've worked with or maybe just a big picture perspective.

Jahmaal (32:36):

Yeah, I would love to give my thoughts on that. I would say, and I tell each of my clients, the mind is the control tower of the body. Your thoughts tend to overwhelm you, especially when you don't interrupt them, your thoughts tend to become true because it becomes your reality. I hope that during this time we've been together, it's not been lost on your audience that I do get it because sometimes people can just speak to stuff and they're speaking from just their own experience.

Jim (33:00):

Sure.

Jahmaal (33:01):

People in my family are in healthcare. It is not an easy field to be in. These are the heroes, especially in the last three years we've had, I mean, my goodness. There are very real realities to the healthcare field that need to be addressed. But I would encourage anyone, there is hope, but you have to be willing to get the help, be willing to set aside the time. For managers, if you're managing a hospital staff or C-suite people who own some of these healthcare fields, make sure that there's wellness and resilience and counseling and coaching set aside for your staff because they need a place to process those things. Sometimes you will have to do a double shift. How are you processing the intel that you're receiving during that double shift so that there is sustainability? The hope is that you actually are taking these hard things somewhere.

Jahmaal (33:42):

It's not that these hard things go away, but what do you do with the hard things? Then when you examine your own motive in the midst of the hard

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things, how are you managing yourself? Management, take the "nt" off of "manage." Manage me. So myself, and even teaching clients, I want to teach you how to manage yourself, how to manage your mind, how to manage your heart, how to manage your body, and a lot of your own content, A lot of it's body management, good levels of dopamine actually taking time to get outside.

Jahmaal (34:11):

When we get into these ruts, even in our profession, we find that that becomes our life. How do I disrupt, not even the narrative in my mind, but the external narrative in a way that keeps me around and keeps me for the long haul? For the extreme cases, I mean, the really extreme cases. Sometimes the change in career may be needed, but what do we do before that? How are we addressing our mindset and our heart set before that, so that it doesn't get to that point? When it's got to that point, then we need to explore some other options. I hope that answers your question.

Jim (34:41):

It does. Listen, Jahmaal, I'm ready to lay down on the couch here and just listen and turn this from a podcast to a counseling session. I'm getting a lot personally. Thank you. You mentioned this willingness to get help. I think that's a very humbling thing. It's something that I know I have trouble acknowledging, "Hey, I'm not doing okay. I'm not handling the pressure, the stress, the shift, the whatever." The willingness to get help, I think, is huge. I'm glad you mentioned that.

(35:07):

So I always like to give the opportunity for our guests to share any leadership advice. You shared your story at the beginning, which I love. Again, the personal experience that you bring into what you do. Anything that you've learned in your journey, anything that's kind of carried you through those difficult moments in terms of leadership, in terms of being able to do what you desire to do, in terms of serving others, anything you'd like to share?

Jahmaal (35:33):





I'm going to use an "A" word that we find pretty common. Maybe not so much in the medical field, but I would say in the career field, learn tactful and wise ways to advocate for yourself. That's when I found for me being, especially in a mental medical field, I wasn't advocating for myself. Even when I went into IJM and went kind of back more into the corporate space, I had problems because I refused to advocate for myself because of my own fear of rejection. So I had to get help. Before I became a counselor, I invested in my own spiritual, physical, and mental wellness. So I'm not encouraging someone to make an investment that I haven't made.

Jim (36:10):

Sure.

Jahmaal (36:11):

I spent months during the hard work. I would encourage anyone in leadership or who is pursuing leadership, learn how to advocate and learn why you don't advocate. I wasn't advocating because I was in fear. Once I dealt with that fear of rejection, once I dealt with that fear of...man, I began to advocate in a way that positioned myself for sustainable success. Part of the onus is on you. I know some of the fear can be, "Well, this is my bread and butter, this is all I got. I got mouths to feed." Those are very real things. I won't discount that in any way, shape or form. But also, you get what you tolerate. You teach people how to treat you, and you need to learn specific ways to do that, and then learn the mindset of why you have not done that in the past and how to do that going forward.

Jim (36:56):

That's great, Jahmaal. I got to listen to that again because you really just kind of poured it on there. I think it's great. Like you said, and you've said it multiple times in this episode, you're not telling people to do what you haven't done already or what you haven't been through. Yes, our journeys are never going to be exactly the same, but the fact that you've gone through it, and that's a biblical concept as well, right? You've suffered, now go ahead and encourage those who are suffering. We definitely want to use that experience.



I want to mention something because I know you shared this with me. You are coming out with a book. Can I share that? Do you want to just mention a little bit? What's the book about?

Jahmaal (37:30):

Oh, yeah. So I'm co-authoring a book right now with a friend of mine who is an amazing copywriter, and we're co-authoring it to together, and that'll be the on-ramp to one of my own books. But it's about the brain neuroplasticity and ways to use truth to change the neuroplasticity in your brain. What is the lie? What is the narrative, the ongoing narrative that you've already known that is most common to you? And how do we then go and disrupt that with truth, changing the neuroplasticity of what you think, what you believe, and then ultimately how you act.

Jim (38:00):

I'm eagerly awaiting that book. I would love to read that. Well, thank you so much, Jahmaal, for being on the show today.

Thank you to our listeners who spent time with us today. If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn.

And Jahmaal is on LinkedIn. He's all over LinkedIn, so I encourage you, if you're not following him, follow Jahmaal.

Jim (38:23):

I know I mentioned to you before, it's sometimes an encouraging word, sometimes a challenging word, but really getting us to think about our boundaries, think about where we're at in life and in our careers.

We at VIE love helping hospitals save money and enhance the patient experience. We're hoping that the episode today gave you some new insights or ideas to consider and use in your career and your own healthcare organization.

Jahmaal, I can't say it enough, thank you for your time today.

Jahmaal (38:47):

Thanks for having me, Jim. I appreciate it.

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Speaker (38:50):

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MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book The Entrepreneurial Hospital is being published by Taylor Francis.





MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET JAHMAAL MARSHALL

Jahmaal is a Certified Counselor & Consultant. He's also the Founder and CEO of Listen Then Speak, where he works with people on mindset and habits at the root to help them understand their WHY and experience peace, both personally and professionally.

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