

Tim Cunningham

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LuAnn Heinen

That's Tim Cunningham, registered nurse, executive leader, Doctor of Public Health, and professional clown, an unexpected role that informs his unique and compelling voice. A former Chief Well-being Officer at Emory Healthcare and Professor at the School of Nursing, Tim is a champion for compassion, community, and joy in the workplace, including, and perhaps especially in health care settings. He brings this purpose to his current role as Interim Executive Director of Clowns Without Borders, a non-profit organization that uses circus arts to bring laughter and connection to those living in crisis zones globally.

I'm LuAnn Heinen, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, we're taking a detour from dissecting complex health conditions and offering an episode focused on the power of human connection to help people heal and flourish. Tim Cunningham and I delve into how playfulness and laughter can be powerful medicine and help us work happier and healthier. We'll also explore how the chief well-being officer role is key to translating what we know about well-being into organizational practice.

Tim Cunningham, welcome to the Business Group on Health podcast.

Tim Cunningham

LuAnn, thank you. It's a pleasure to be here.

LuAnn Heinen

I'm really excited for the conversation because you have such an intriguing background as a professional clown, which does set you apart from other guests on this podcast.

Tim Cunningham

Thank you, LuAnn, and I do want to acknowledge that, at least in my experience, the word clown sometimes invokes a sense of fear with a lot of listeners. I want to put it out there that I'm not going to do anything clowny. We might talk about clown a little bit, but I hope folks can stick with us. I've worked in 20 some other countries as a clown, and it's literally only in the U.S. where I've met people who are truly afraid of clowns. I'm not exactly sure what that is about, but this is a safe clown zone.

LuAnn Heinen

Good to know. Well, let's go there. What inspired you to seek out clown school back when you were, what, 18 years old, something like that?

Tim Cunningham

I guess I was actually about 21. I just finished undergrad. I went to a school in Virginia called William and Mary. While I was there, I fell in love with theater. I didn't know what I wanted to do with my life. I wanted to be an English teacher, just thinking, I don't know what I was thinking. I met a clown from Sweden, two clowns from Sweden, Pepe and Maria, and they were guest artists at William and Mary. Pepe did a 45-minute show with no words. His costumes were simple and by using his body, pantomime if you will, he told the most inspiring story I've ever seen on stage. After the show, I said, Pepe, what do I do to be more like you? How do I learn to communicate this way? And he said, Tim, go to clown school. So I moved to far Northern California, Blue Lake, California, way up in Humboldt County, and spent a year studying clown and movement and dance.

LuAnn Heinen

Well, when was it that the importance of laughter, joy, and playfulness, and that way of communicating, when did you realize how important that was going to be to your life?

Tim Cunningham

It was a series of eye-opening moments when I realized the power of laughter and playfulness. It's hard to track back to one specific one, but very early on, I had the opportunity to volunteer with Clowns Without Borders, which is the organization I'm currently serving as Interim Executive Director for and I started working with them in 2002. Essentially, Clowns Without Borders sends professional artists, clowns, magicians, dancers, acrobats to crisis zones, whether that's a war zone, a refugee camp, as a region in the world that's recovering from natural disaster, and of course, regions within the U.S. as well. And I was invited to work with some clowns in Chiapas, Mexico. It was amazing first to work with folks living in rural, rural Chiapas who had never seen anything like clowns before. The way folks would come together in some really profoundly poor communities, financially poor, certainly not culturally poor, financially poor communities, and to see the way folks laughed and lit up when seeing something unique like a clown in front of them. That was the beginning and then it's gone for years. One example, I had the opportunity to work with an organization called Partners in Health. After I became a nurse, I was working as a frontline nurse during the West Africa Ebola outbreak. I was working in Sierra Leone. And there, as a pediatric nurse, the survival rate of the kids we were working with was only 20% for kids under the age of five. And at the same time, we were able to do things with the kids we were treating with Ebola, juggling, silly little magic tricks, things here and there, and I saw kids sitting up in their bed laughing, kids dying of Ebola, laughing, holding hands, connecting with each other in moments of great suffering and facing off with that suffering with laughter when offered a juggling or a magic trick or something completely out there and abstract. I'm constantly reminded that so long as we're able to breathe, we can laugh, and so long as we're able to laugh, we have the ability to think differently and see the world differently. Hopefully, from a leadership perspective, we'll talk about leadership later, as leaders, when we laugh, we can think differently and do a better job when it comes to healing people.

LuAnn Heinen

You know, I bet that many listeners are familiar with Doctors Without Borders, but may not be so aware of Clowns Without Borders. Both have humanitarian missions and aren't affiliated in any way. What are some of the other areas of crisis that either you've gone to or where the organization is sending people now?

Tim Cunningham

When we think about crisis and areas of crisis from a perspective of Clowns Without Borders, the first thing we think about is we don't define the crisis. We also go where we're invited, which is to say clowns are not always appropriate. I think that's why some people are afraid of clowns because sometimes clowns show up in not the best situations.

The mission of Clowns Without Borders is simply to bring joy, laughter, and playfulness zones of crisis, period. When you ask about some of the places that we go, you know, we've worked in safe homes for mothers and children in communities outside of Austin, Texas, for example. We're currently building work to start supporting asylum seekers in New York City. We will go where it's safe to go. If we can't go in, you know, one example is the crisis in Gaza right now. There's an extraordinary circus program there called the Free Gaza Circus and this is a program that started in 2018, I believe, by local acrobats and performers who wanted to bring laughter and smiles to kids living in Gaza, kids living in deep poverty without access, often to food, electricity, and water and things like that. And so if we can't always send clowns in, we can still support local organizations on the ground.

LuAnn Heinen

Truly inspiring work. After you were doing this around the world and making kids laugh, bringing relief and joy, probably to their parents as well, you went back to school and ended up, as you said, with a nursing degree and followed that with a doctorate in public health. Where did you go next and what prompted that and then where did that take you?

Tim Cunningham

It's really fun and sometimes a little emotionally challenging for me to think about what were the factors that led to these decisions. At the same time, I couldn't be more grateful of where I am at the seat at the table that I currently have because of them. I loved performing as a performing artist. I also did regional theater work. I was a part of the Actors Union for a little while. I loved doing that stuff, but the Clowns Without Borders work really made my heart sing. And 2005, we were invited to work with a small non-profit called Maison de Naissance based in Western Haiti, a community called Okai. Listeners may remember that region was the one that was most severely hit by the most recent earthquake. We were doing Clowns Without Borders work at a birthing home. I remember we actually did a show where there were a few moms in labor and they were pacing while in labor, laughing at our clown show, and at the end of one of our clown shows, we were invited in by one of the physicians we partnered with to meet the newborn baby of a mom who actually saw the beginning of our show, started laughing, went in and delivered a beautiful, healthy baby. It was also on that tour that we went to a pediatric ward in Okai. That was one of the hospitals that was destroyed in the earthquake. A few amazing things happened. One, we walked in and there was a kid howling. I mean, this kid was in a ton of pain. Maybe he was about seven or eight years old and he had been severely burnt on his back. There was a kitchen fire in the home that he lived in. The nurse was cleaning his burns. And we know that to heal burns and prevent infection, you have to constantly clean the skin, and we also know that that cleaning, it's called debriding, one of the most painful procedures you can do, and especially for a kid. So this kid's in a ton of pain. He's howling. I don't know if he had any pain meds on board. There was not a lot of access to medication in this hospital. I remember we walk in and he's howling and we were introduced to the team and we start performing at bedsides. I was working with one child at a different bedside, then all of a sudden, I heard that howling slowly decrease and then turn to subtle giggles and then belly laughter from this child. I looked over my shoulder and my clown partner, Jamie, had been working with him since we walked in. I looked over and I looked up in the air and I saw a bunch of bubbles flying in the air over this child's head. Then I saw this child, who had previously been screaming in pain, reaching up and popping these bubbles with his finger and he had this sense of wonder and joy on his face. He was laughing, playing with bubbles and I walked over and I started playing some music in the background as this child's playing with bubbles. And I looked at him and his back and while this kid is laughing, the nurse was literally scraping the dead skin off of his back, doing this horribly painful procedure to now the sounds of laughter. What I love about nursing, and we're actually recording this on Nurses Week, so nurses are on my mind, celebrating nurses.

LuAnn Heinen

Yay for nurses.

Tim Cunningham

Hooray for nurses. We should celebrate nurses every single day, but we'll start with the week. I chose nursing because I know that nurses get more one-on-one time with patients and families. More time to truly see people in moments of joy when they're maybe delivering a baby and moments of profound sorrow when maybe it's their last breath or they've lost a family member or they're afraid. And I saw that nurses have the best ability to address health inequities head on. So anyways, I became a nurse, emergency trauma nurse. I loved it. I was still working with Clowns Without Borders part-time. Happy, happy, happy, happy. Great times. Then I started learning about burnout and the fact that we lose so many great healers because the systems that we work with and in are broken. I wanted to learn more about that, so I fortunately got into grad school up in New York City. I went back to school and I studied resilience, compassion, and well-being. I still ask the question, how do we keep functioning in a health care system in the U.S. that I would argue that is not really created for the healing of people as much as it's created and driven for generating revenue. I love this question and this is what gets me out of bed in the morning, thinking about how do we change systems and structures so that our healers can be the best healers they want to be. So studied that, did a little bit of research, taught at the University of Virginia for a little while, and I got hired to a great job at Emory, the Woodruff Health Sciences Center, Emory Healthcare, and was named co-chief well-being officer. I was leading and helping build our inaugural office of well-being focused on the well-being of our teams, knowing that when our teams are well, our patients will be well. When I say team, for clarification, I say from our valets to our vascular surgeons. No team member is more

important than the other when we're thinking about well-being, and when the entire team is well, the patient outcomes are going to be great.

LuAnn Heinen

It's such an incredible evolution. I mean, you sort of started your career proving the point that in some ways, laughter is the best medicine, and then realized that we're still missing something in the way we deliver health care and take care of our health care workers and healers, as you put it, and that systemic change is really where you're choosing to focus now going forward.

Tim Cunningham

LuAnn, I want to push back gently on your comment about laughter is the best medicine. I used to believe in that and now I firmly believe that laughter is great medicine. I think we have some other really amazing medicines, but a sad reality for the majority of the people in the world, sometimes laughter is the only medicine that's actually available.

LuAnn Heinen

That really tugs at me. Excellent point. Also, we've been seeing, back to the U.S. and our health care system, we're seeing growing recognition of well-being as a team sport and understanding that we can only get so far self-managing our individual physical and mental health, and we recognize well-being is impacted in a big way by how work is structured, by an organization's rules and policies, particular job requirements, schedule flexibility or lack thereof. What have you seen as a chief well-being officer or in other capacities, about what organizations can do to really look at these things through the well-being lens?

Tim Cunningham

There is so much organizations can do. I'll begin to answer that question, thinking big picture, high level, and then share some specific examples of things that I've seen that seem to be working really well. From high level and specifically in health care, we have done an extraordinary job in understanding more clearly the well-being needs of our physicians. There's millions of dollars invested, extraordinary researchers across the U.S. learning about physician burnout, learning about physician professional fulfillment, which is a term that's been built out by folks at Stanford and their professional well-being academic consortium. Really extraordinary work. Yes and, and that's a theater term, yes and it's an improv term, so how do we take what's in front of us and add to it instead of saying no but, no but is a way to shut things off. So, yes and, we have the opportunity now to ask about the research on physician well-being. How much of that can translate to other health professionals? Not all of it, because being a physician is very specific. And yet I think there's some universalities for all people working in health care settings, so how do we expand that? Big picture, we got to think about the whole team, specifically, a lot of health systems have policies, and I would call them pretty arcane, that say things like if you're an hourly worker, like most staff nurses or frontline nurses are, clinical nurses are, you clock in, you clock out. A lot of hospitals and health systems have policies that say if you're caught sleeping on the job, it's immediate termination. Yikes, because we know every year, hundreds of nurses as a specific example, fall asleep behind the wheel after driving home, after working an overnight shift, just because they're tired. Many nurses in this country, the majority are female, many nurses in this country are also doing work at home and supporting families, doing what we call the invisible work, which is not accounted for when it comes to compensation, especially for women compared to men in health care. So people fall asleep behind the wheel, they're exhausted, some people die, some people injure other people. To have progressive rest policies that say if you're an hourly team member and during your unpaid lunch break, it's okay to take a power nap because these breaks are unpaid. So outside of patient view, outside of patient care, close your eyes and take a power nap because the evidence on rest is pretty undeniable that when we get it, we're better people. We provide better quality care. So policies like that, policies that again support a staff member if a patient comes in saying words that are racist, that are biased, that are degrading to that individual, having teams that know they have policies that support that team member, that says here's how you escalate, here's how you talk to your manager, here are some tools to talk with that person in front of you to say we don't tolerate this language here, and also here are policies and tools to train other people around that person to be what my colleagues at Emory called 'upstanders' to support that individual. Ultimately LuAnn, and I

think this is broad in business across the board, when team members feel like they matter, when team members feel seen and heard that they're represented, they're going to do better, and when they do better, our operational outcomes, we're going to get closer and closer to those really great metrics that we've set to try to hit the goals of the organization.

LuAnn Heinen

Yeah, you talked about the clowns are scary to many people. Another thing that's scary to many people and it takes courage to leverage is humor in the workplace, because it's the kind of thing where, well, let's just say there's a book called *Humor Seriously*, why humor is a secret weapon in business and life, and the authors say the humor is vastly under leveraged in workplaces and that impacts performance, relationships and health.

Tim Cunningham

It completely does. LuAnn, think about what happens when you laugh. The first thing that happens is you change your rate of breathing and often you breathe a little faster. When you breathe a little bit faster, your heart speeds up a little bit to catch up with the movement of your lungs to pump blood a little more rapidly through your body. That in itself is a form of exercise. We know that when we exercise, that gives us an opportunity to relax our minds and to think differently. Humor is a great way and can be a tool better used by leaders, because if we want to think differently about the same old problems, let's find opportunities to laugh. Here's the frightening thing - when we laugh, we can sometimes also feel a loss of a sense of control and we work in corporate structures that in many ways are all about control. So it's kind of subversive to laugh. I remember I got in trouble once when I was a clinical nurse, I was doing card magic tricks for some of the nurses at the nursing station, because we were having a stressful day, so I pulled out, I would carry magic tricks with me for the kids that we worked with, but everybody likes, not everybody, a lot of people like magic, so I'm doing these magic tricks. The nurses are laughing and I remember another nurse saw me from across the unit and came storming over and looked at me. I was a new, I was a baby nurse. She looked at me and she said, we don't play cards in the emergency department and stormed off. Laughter can be frightening.

LuAnn Heinen

Well, and then even broadening it to the role of performing arts and health, I mean, music, dance, clowning, pantomime, we've talked about. There are some organizations that are onto this. My hometown is Cleveland and the MetroHealth System there has a Center for Arts and Health, and their whole mission is to embed visual performing and therapeutic arts for the benefit of patients and families and caregivers. I do think it may be a program that's not particularly well-funded, but you can hear violin music in the halls, outside a room where someone's having a baby or having a difficult procedure, and yeah, it can be really wonderful.

Tim Cunningham

You know, if we think about what people think about at the end of their lives and one of the most profound privileges I've had as a nurse is to be able to sit with people as they take their last breath. Those folks that I've been with as they were dying and have died, never stopped along the way and said, oh, you know, I really loved the research paper that my physician shared with me when he was describing my cancer care and my oncology; oh, I really appreciated the way my obstetrician described how she spoke with me when I was birthing and I was about to deliver my baby. No, people talked about the way they felt. There's a Maya Angelou quote related to that. She said something like, you know, people will forget what you said, people will forget what you did, but people will never forget the way you made them feel.

LuAnn Heinen

How do you see the evolution of the chief well-being officer role? How it came to be? Why we need them? Where do you see it going?

Tim Cunningham

LuAnn, there are really frightening statistics about burnout and the worst outcome of burnout being suicide and suicidality. We've seen a consistent rise amongst suicidality, amongst health care professionals

when compared to larger U.S. population. For a long time, physicians have topped the charts in being much more significantly at risk of suicide. Recently, there was a paper in JAMA in 2023 that came out citing that nurses have now surpassed that risk of suicide above physicians and above the rest of the U.S. population. Even more frightening is that nurse techs and other support team members have now surpassed that of nurses when it comes to risk of suicide and suicidality. Now, I would argue, as I mentioned before, we've done a great job measuring all sorts of things about physicians for a long time. I would argue that nurse suicidality has probably been neck and neck with physicians, if not higher, for a long time, based on anecdote and experiences that I've had working closely with other nurses. Just because we're not measuring it doesn't mean it's not happening and then let's think about our environmental service workers, team members who are working with patients as well, witnessing profound suffering, not getting paid, in many cases, what they're worth, what is that risk of their suicidality? So why do we need chief well-being officers? At the most extreme, our nation's healers, and I'm going back from valets to vascular surgeons, our nation's healers are dying at higher rates than the rest of the American population, and they're here to help people live. So that's a profound irony that we need to work on. Chief well-being officers ideally are here to help save lives of their teams. Most of the chief well-being officers in the U.S., or wellness officers, they're slightly different terms, are physicians. There's one nurse leader, Byrne Melnyk, out of the Ohio State University, who's leading the entire university in well-being. There are many psychologists and other folks from different backgrounds, but the majority of the leaders we're seeing now are physicians. The role has gone from a place of focusing on burnout reduction, which I would argue is a scarcity mindset thinking, to an abundant mindset thinking, which is improving professional fulfillment. And there's good evidence from team members, as I mentioned before, the Professional Well-being Academic Consortium out of Stanford, that when professional fulfillment amongst team members goes up, burnout goes down. I think it's the role of the chief wellness officer, the chief well-being officer, to work with executive leaders, this is a big seat at a big table, to influence leaders, to provide leaders with meaningful evidence and translate that evidence well. A leader might have a lot of letters behind their name and be a CEO, but they might not understand research, and that's okay, but the chief wellness officer has to be really good at translating that research to know their audience. Maybe that's why we need more clowns and actors as executive leaders, because you're trained as an actor to read the room and engage with the audience. Engage with their audiences to influence folks to, on one end, affect and change policy, on the other end, to show up with their teams differently, to be more present, to engage with their teams so teams know that, yep, we have to hit certain financial metrics and we care about you and maybe we care about you more than these financial metrics. I would love to meet more leaders like that who are willing to put the financial metrics at risk or on the back burner and truly authentically prioritize their teams. I think chief wellness officers are working towards that and can help us with it. As we think about the scope of the work, it needs to be broad. As a CEO, scope is broad, so too should be that of the chief well-being officer. So again, we can go back to this idea of a rising tide lifts all boats.

LuAnn Heinen

Tim, for non-health care organizations, is there a value proposition or business case for a chief well-being officer role?

Tim Cunningham

There's a very strong business case for chief well-being officer, wellness officer, outside of health care for a few reasons. Again, we work in a very sort of self-centric culture, which drives a lot of really talented people and sometimes beyond the point of being productive because we're burning out, we're not sleeping enough, we're not resting enough, so having chief wellness officers partner closely with HR leaders, partner closely with your CEO and other executives to keep asking the question, how are our teams doing and what are the things that we can utilize to improve their work. So business case for chief wellness officer outside of health care, cost savings. Again, you can reduce attrition. You can reduce risk of litigation. If people are more focused at work and doing better work and then revenue generation, absolutely. If we think about real productivity, if folks are less distracted. When you're working X amount of hours, if you're focused on your work and healthy while doing it, you're going to be more productive in a less amount of time and then when you leave work, you'll have the ability to be more present with your friends and family. Our Surgeon General wrote a book called *Together*, and he talks about sort of this

epidemic of loneliness. And Dr. Vivek Murthy, our current Surgeon General, as he talks about it, he also cites some really interesting science that looks at how many distractions we have in our world. When we're distracted by something we can lose, sometimes we get a zing on our phone, we can sometimes lose up to 90 seconds worth of information. Chief wellness officers across the board and building the business case for well-being can help us find ways to better focus our attention. So we might actually be able to work less, be more efficient, save resources for the organization and live longer, healthier lives. From a revenue generation standpoint, don't you want healthy workers? Strong yes for chief wellness officers across the board and industry across the board.

LuAnn Heinen

Do you see that position as necessarily reporting to the CEO?

Tim Cunningham

It doesn't necessarily need to report to the CEO. We see cases of chief well-being officers reporting to the CHRO, the head of HR in certain organizations. We see them reporting to chief transformation officers. We see some reporting to chief medical officers or chief nursing officers. I think there's flexibility in the reporting structure so long as that it's intentional and where a chief wellness officer reports also is a clear indication of how the organization truly feels about well-being. For example, if you have a chief wellness officer reporting to a CEO or even a university president, for example, if you're an academic health system, that reads that we are prioritizing well-being. If you have a chief well-being officer reporting much further down the scale, that look is good on paper, but that doesn't mean that the chief wellness officer is any less effective. I think that goes back to organizational culture and the true intentions of the organization.

LuAnn Heinen

What do you think about the difference between the U.S. environment and then many other countries and cultures globally where there's more of a community first perspective versus our more individualistic mindset? How does that impact the push to greater well-being?

Tim Cunningham

The individual mindset and in our culture challenges it so much more. I work with and I'm friends with a social worker named Eboni Bugg, she's based in Charlottesville, Virginia, and I've had the opportunity to coauthor a couple of books on self-care. While we were working on our first book, I was talking with Eboni about it, and she said, Tim, we really need to change the narrative from self-care to community care. And I think self-care is a product of our U.S.-based culture that is very self-centered - it's very, I have to do it for myself, I have to do it on my own. That's why we were wrong about the well-being narrative a decade ago saying, you know, if your work environment stinks, do more self-care at home, outside of work, so you can be better when you show up for work without having the courage as leaders to say, oh, we need to change the work culture because that's where people are getting burnt out. A focus on self-care is important. A focus on self-care in community-centric environments, it makes more sense. It's easier to do because it's not just one person working on everything. It shifts the shared responsibility to being a shared responsibility, and because of that, health care providers and healers are burnt out across the globe. Yes, as I've learned from folks in other countries, especially in countries that have socialized medicine, there are issues for sure. Many healers that I've spoken with outside of the U.S. that work in especially socialized systems say that they feel more connected with their work because they are able to do their work and there's less of a pressure. For example, if you're a physician, a nurse practitioner or a physician's assistant in the U.S., there's less of a push that I have to work 24 hours a day, not only to get my regular paycheck, but to hit certain metrics so I can get my bonus based on extra work hours and RVUs and all of these metrics, which is really put on the shoulders of individuals. I would argue that the U.S. needs chief wellness officers more than any other country because we have a very self-centered and focused culture that doesn't train us to ask for help, that doesn't always celebrate us being vulnerable, and doesn't always celebrate us saying we, when so much more often we're celebrated to say I. That makes well-being more challenging. It's a team sport, 100%.

LuAnn Heinen

What is it that gives you hope for the future of well-being? Looking ahead.

Tim Cunningham

Something that really excites me about the future of well-being, and this is a conversation that I've had with CEOs, not just in health care, but other leaders, and this is something that I'm seeing from our learners, from medical students, from nursing students, from physical therapy students, occupational therapy students, social work students, young folks who are saying, I'm going to show up to work, I'm going to do the work, and then I'm going to be done with the work, and I don't want you expecting me to come in and working overtime all the time. I want you to expect me to do my best when I'm here and I want you to incentivize me and support me in a way that says, if you really need me, you really need me, but let me be seen and heard and know that I matter and know that I have a life outside of work and support that. I had one CEO, I remember asked me directly, he said, Tim, this well-being stuff, he was not in health care, he said, this well-being stuff sounds good, but I can't hit volume, no one wants to work anymore. It's a great challenge for us as leaders to shift that narrative.

LuAnn Heinen

I love your positive framing on that mindset.

Tim Cunningham

Yeah and it's tough. It's not easy, but I think it's the reality.

LuAnn Heinen

Thank you, Tim, so very much for this, I can only say enlightening and joyful conversation. It's wonderful.

Tim Cunningham

Thank you, LuAnn. This is such a treat to be able to share some ideas.

LuAnn Heinen

I've been speaking with Dr. Tim Cunningham, an emergency room nurse and humanitarian clown who makes a case for the transformative power of laughter as potent medicine available worldwide.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health with Connected Social Media. If you liked the episode, please rate us and leave a review.