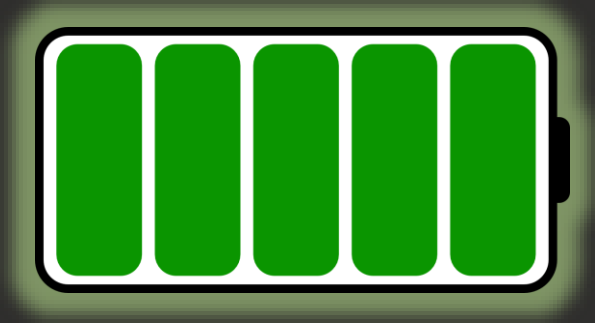
Work-Life Integration: Measuring & Understanding Health Care Worker Well-Being

J. Bryan Sexton, PhD
Director, Duke Center for Healthcare Safety and Quality
Duke University Health System

Well-Being Redefined

The ability to **“do stuff”**




WELCOME TO
WELL-B

Persevered:

19 min

Ego depletion: loss of mental energy, reduced ability to avoid urges or persevere on challenging tasks

8 min

Baumeister, R.R. & Tierney, J. (2011). *Willpower*. New York: Penquin

The need for better well-being resources

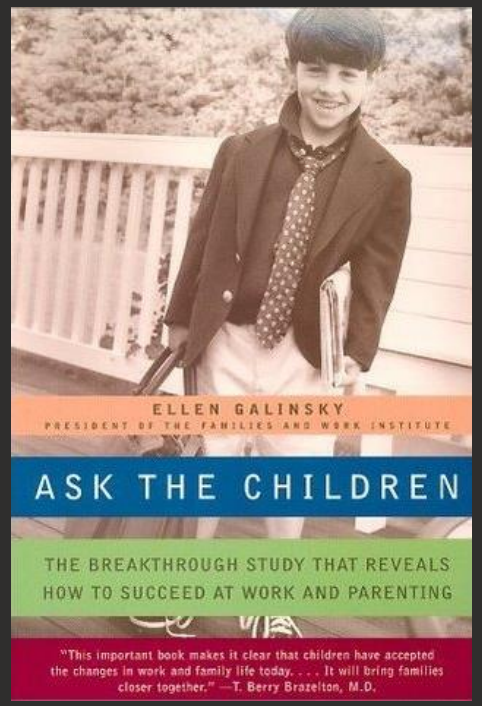
Scope of pandemic exhaustion

Responsiveness of Metrics to Interventions

Introduce Tool & Well-Being Series

Shift focus from burnout to well-being

Ask the kids…



National Study of the Changing Workforce

65% of children (age 8–18) of working parents:

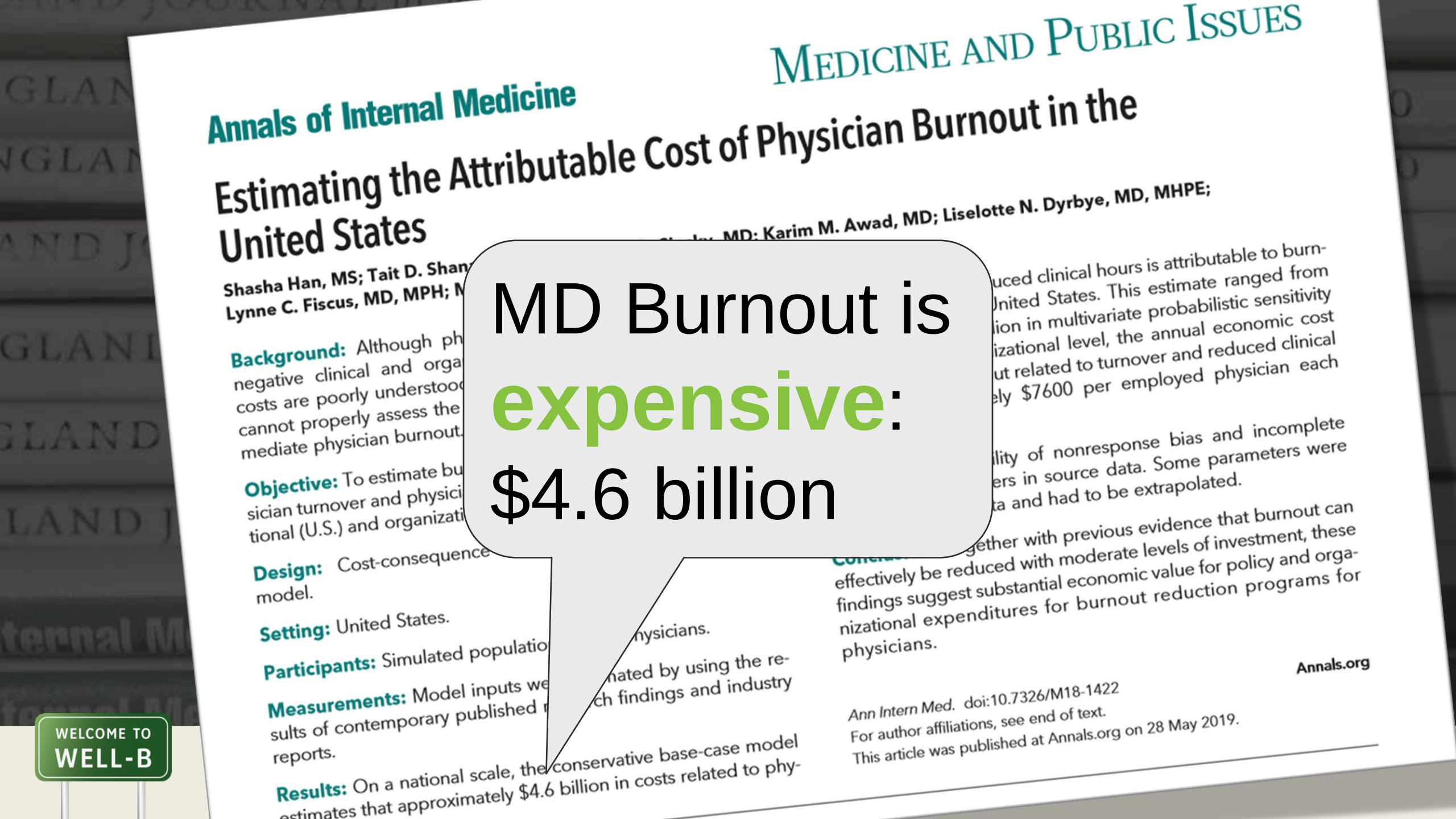
worried about parents

wish parents were less stressed and less tired

Haidari et. al, 2021 *Journal of Perinatology*. Maternal and neonatal health care worker well-being and patient safety climate amid the COVID-19 pandemic.

COVID-19 impact is equivalent of 2.5 EMRs in 1 year

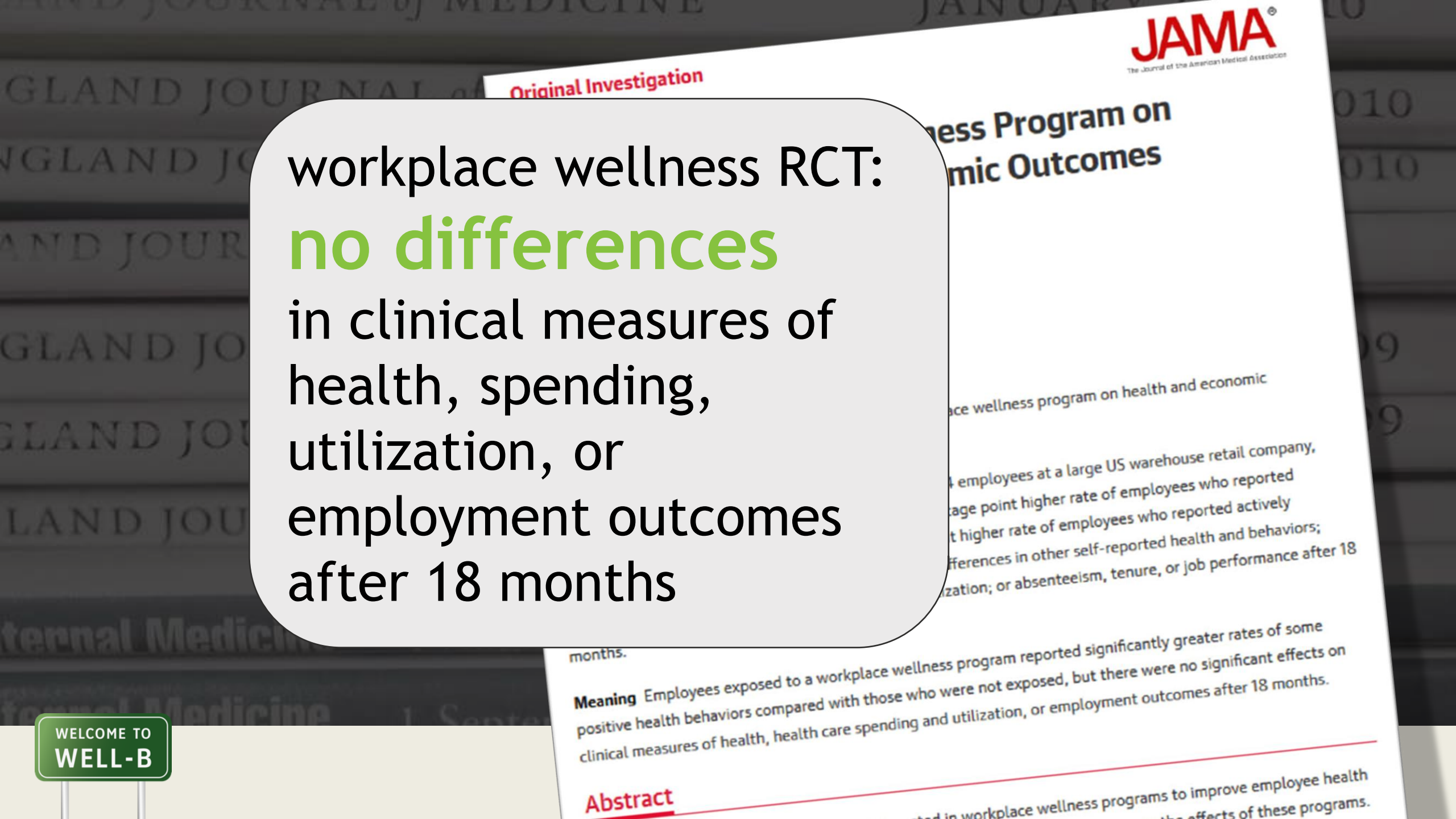
Haidari et. al, 2021 *Journal of Perinatology*. Maternal and neonatal health care worker well-being and patient safety climate amid the COVID-19 pandemic.


Annals of Internal Medicine
MEDICINE AND PUBLIC ISSUES
Estimating the Attributable Cost of Physician Burnout in the United States
Shasha Han, MS; Tait D. Shan
Lynne C. Fiscus, MD, MPH;
MD; Karim M. Awad, MD; Liselotte N. Dyrbye, MD, MHPE;
Background: Although ph
negative clinical and orga
costs are poorly understoo
cannot properly assess the
mediate physician burnout.
Objective: To estimate bu
sician turnover and physici
tional (U.S.) and organizati
Design: Cost-consequence
model.
Setting: United States.
Participants: Simulated populatio
Measurements: Model inputs we
sults of contemporary published
reports.
Results: On a national scale, the conservative base-case model
estimates that approximately $4.6 billion in costs related to phy-
uced clinical hours is attributable to burn-
United States. This estimate ranged from
ion in multivariate probabilistic sensitivity
izational level, the annual economic cost
ut related to turnover and reduced clinical
ely $7600 per employed physician each
lity of nonresponse bias and incomplete
ers in source data. Some parameters were
ta and had to be extrapolated.
gether with previous evidence that burnout can
effectively be reduced with moderate levels of investment, these
findings suggest substantial economic value for policy and orga-
nizational expenditures for burnout reduction programs for
physicians.
Annals.org
Ann Intern Med. doi:10.7326/M18-1422
For author affiliations, see end of text.
This article was published at Annals.org on 28 May 2019.
MD Burnout is expensive:
$4.6 billion
WELCOME TO
WELL-B

workplace wellness RCT:

no differences

in clinical measures of health, spending, utilization, or employment outcomes after 18 months



JAMA Psychiatry | Original Investigation

Association Between Physical Activity and Risk of Depression
A Systematic Review and Meta-analysis

Matthew Pearce, PhD; Leandro Garcia, PhD; Ali Abbas, PhD; Tessa Strain, PhD; Felipe Barreto Schuch, PhD; Rajna Golubic, PhD; Paul Kelly, PhD; Saad Khan, MB,BChir; Mrudula Utukuri, MB,BChir; Yvonne Laird, PhD; Alexander Mok, PhD; Andrea Smith, PhD; Marko Tainio, PhD; Søren Brage, PhD; James Woodcock, PhD

IMPORTANCE Depression is the leading cause of mental health–related disease burden and may be reduced by physical activity, but the dose-response relationship between activity and depression is uncertain.

OBJECTIVE To systematically review and meta-analyze the dose-response association between physical activity and incident depression from published prospective studies of adults.

DATA SOURCES PubMed, SCOPUS, Web of Science, PsycINFO, and the reference lists of systematic reviews retrieved by a systematic search up to December 11, 2020, with no language limits. The date of the search was November 12, 2020.

STUDY SELECTION We included prospective cohort studies reporting physical activity at 3 or more exposure levels and risk estimates for depression with 3000 or more adults and 3 years or longer of follow-up.

DATA EXTRACTION AND SYNTHESIS Data extraction was completed independently by 2 extractors and cross-checked for errors. A 2-stage random-effects dose-response meta-analysis was used to synthesize data. Study-specific associations were estimated using generalized least-squares regression and the pooled association was estimated by combining the study-specific coefficients using restricted maximum likelihood.

MAIN OUTCOMES AND MEASURES The outcome of interest was depression, including (1) presence of major depressive disorder indicated by self-report of physician diagnosis, registry data, or diagnostic interviews and (2) elevated depressive symptoms established using validated cutoffs for a depressive screening instrument.

RESULTS Fifteen studies comprising 191 130 participants and 2 110 588 person-years were included. An inverse curvilinear dose-response association between physical activity and depression was observed, with steeper association gradients at lower activity volumes; heterogeneity was large and significant (I^2 = 74%; P < .001). Relative to adults not reporting any activity, those accumulating half the recommended volume of physical activity (4.4 marginal metabolic equivalent task hours per week [mMET-h/wk]) had 18% (95% CI, 13%-23%) lower risk of depression. Adults accumulating the recommended volume of 8.8 mMET hours per week had 25% (95% CI, 18%-32%) lower risk with diminishing potential benefits and higher uncertainty observed beyond that exposure level. There were diminishing additional potential benefits and greater uncertainty at higher volumes of physical activity. Based on an estimate of exposure prevalences among included cohorts, if less active adults had achieved the current physical activity recommendations, 11.5% (95% CI, 7.7%-15.4%) of depression cases could have been prevented.

CONCLUSIONS AND RELEVANCE This systematic review and meta-analysis of associations between physical activity and depression suggests significant mental health benefits from being physically active, even at levels below the public health recommendations. Health practitioners should therefore encourage any increase in physical activity to improve

Key Points

Question What is the dose-respo
physical activity and incident depr

Findings This systematic review a
of 15 prospective studies including
person-years showed an inverse c
physical activity and incident depr
in risk at lower exposure levels. Ac
recommendations (equivalent to
had lower risk of depression, com
no physical activity.

Meaning In this study, relatively small doses of physical activity were associated with substantially lower risks of depression.

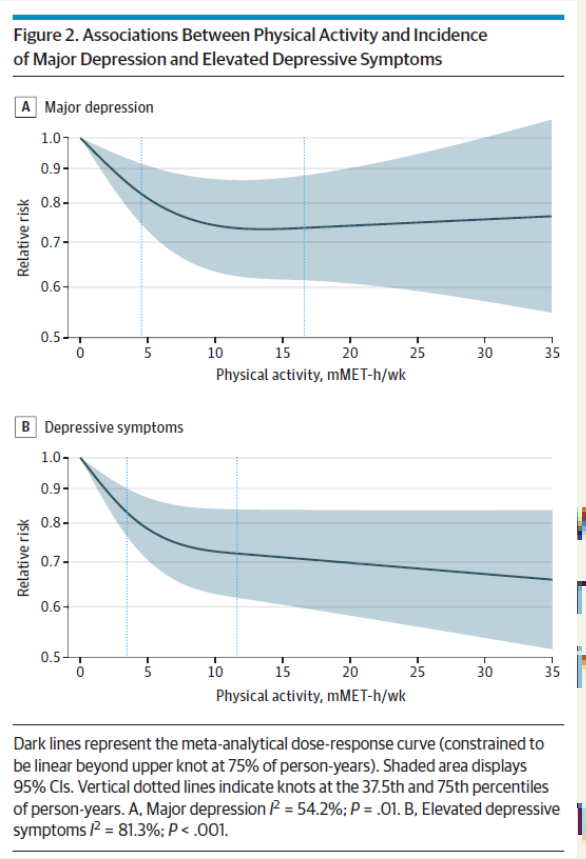


Figure 2. Associations Between Physical Activity and Incidence of Major Depression and Elevated Depressive Symptoms

Dark lines represent the meta-analytical dose-response curve (constrained to be linear beyond upper knot at 75% of person-years). Shaded area displays 95% CIs. Vertical dotted lines indicate knots at the 37.5th and 75th percentiles of person-years. A, Major depression I^2 = 54.2%; P = .01. B, Elevated depressive symptoms I^2 = 81.3%; P < .001.

...15 min, 5 times a week (half of recommended amt)

We have data from 30,000 healthcare workers in:

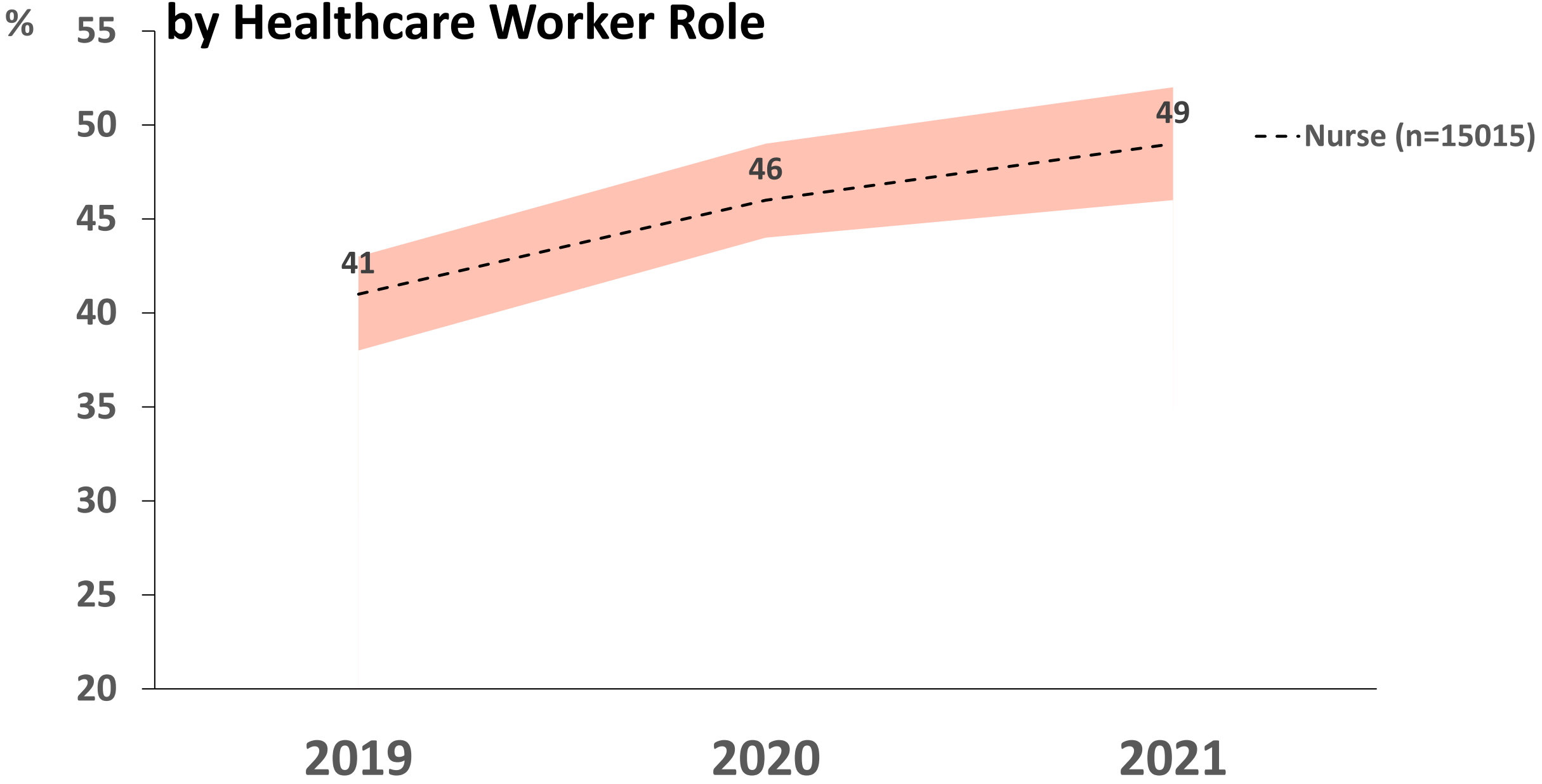
Sept 2019

Sept 2020

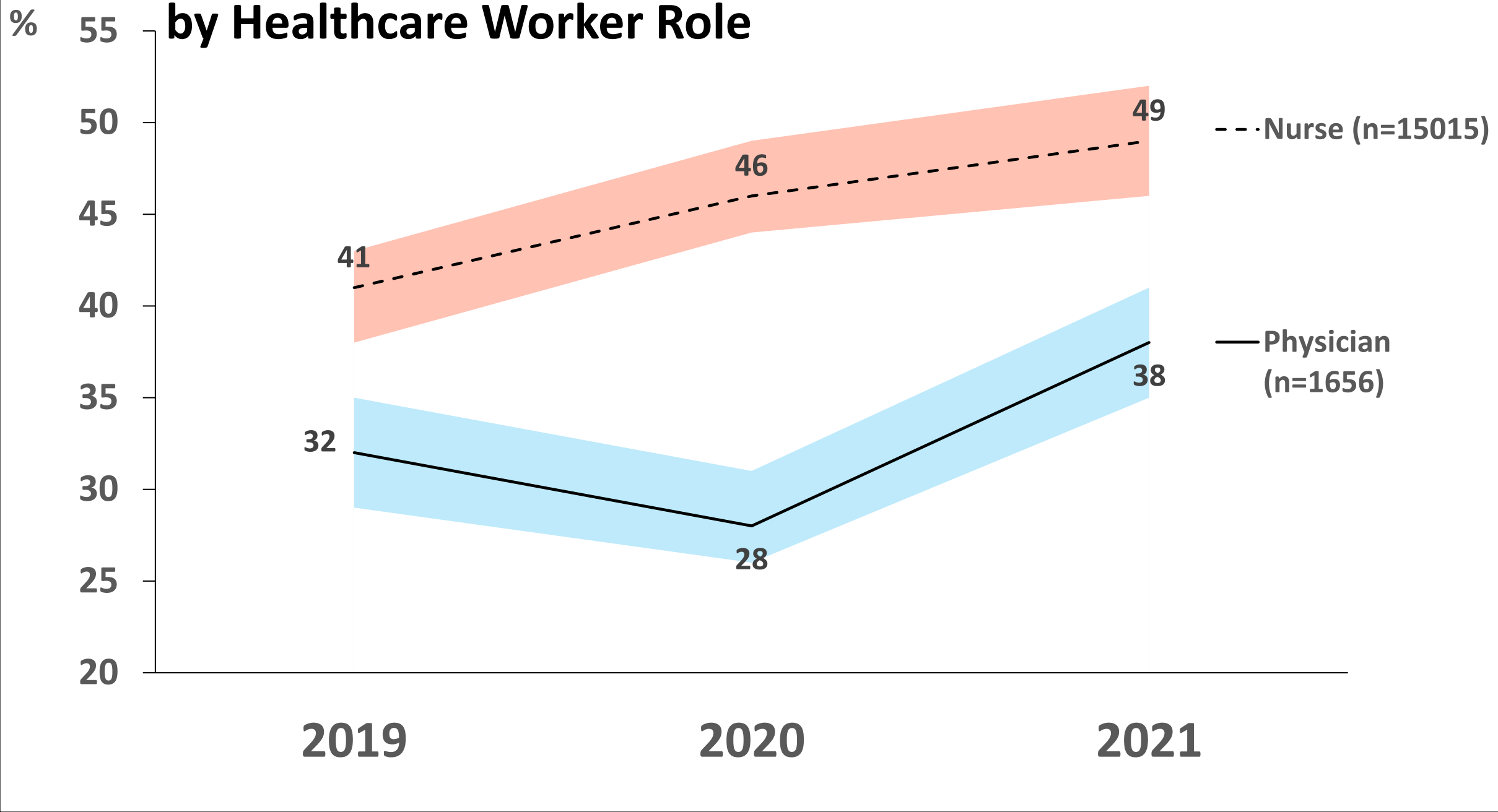
Sept 2021/Jan 2022

Under Revision at JAMA Network Open

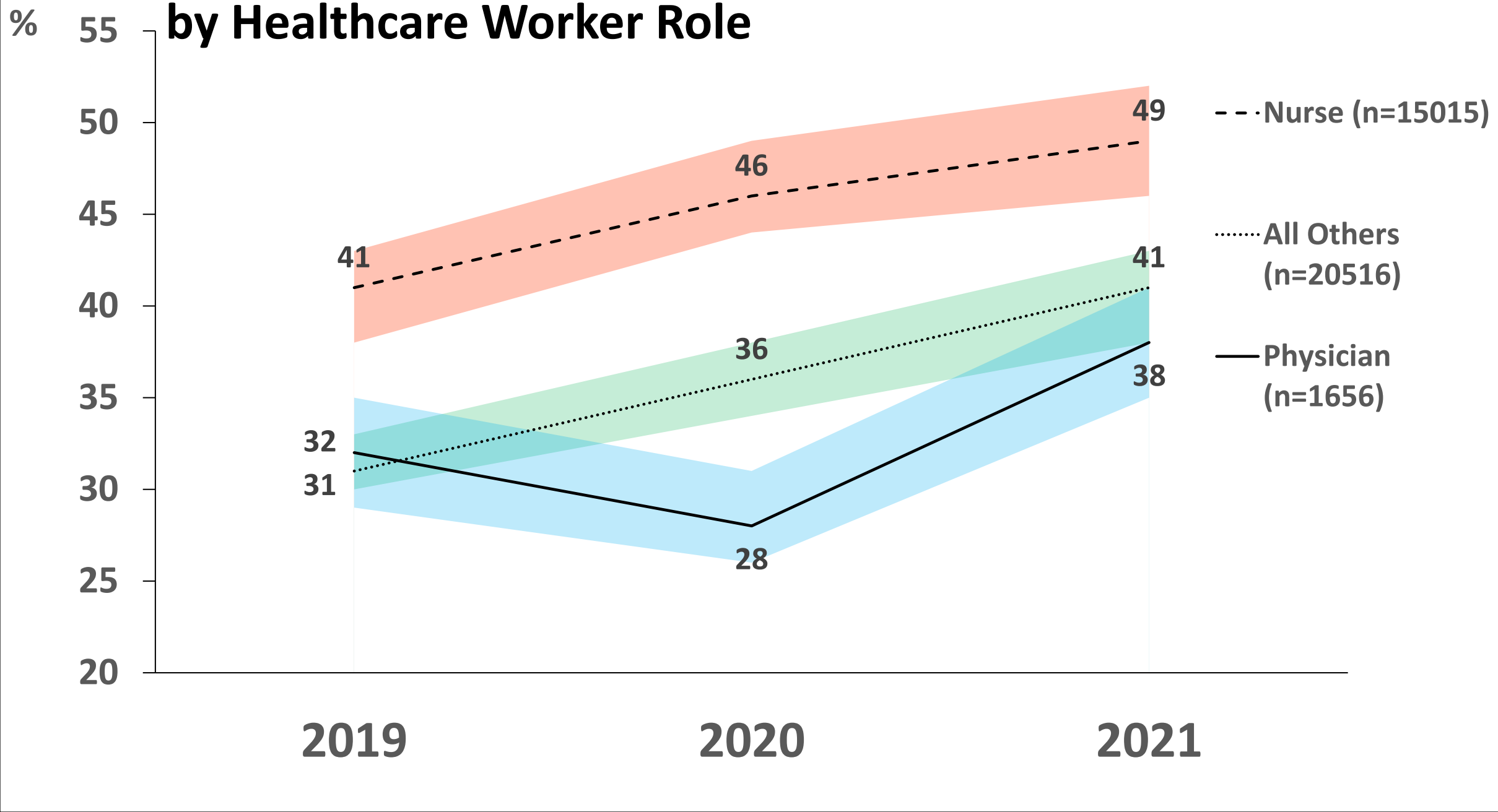
Emotional Exhaustion by Healthcare Worker Role



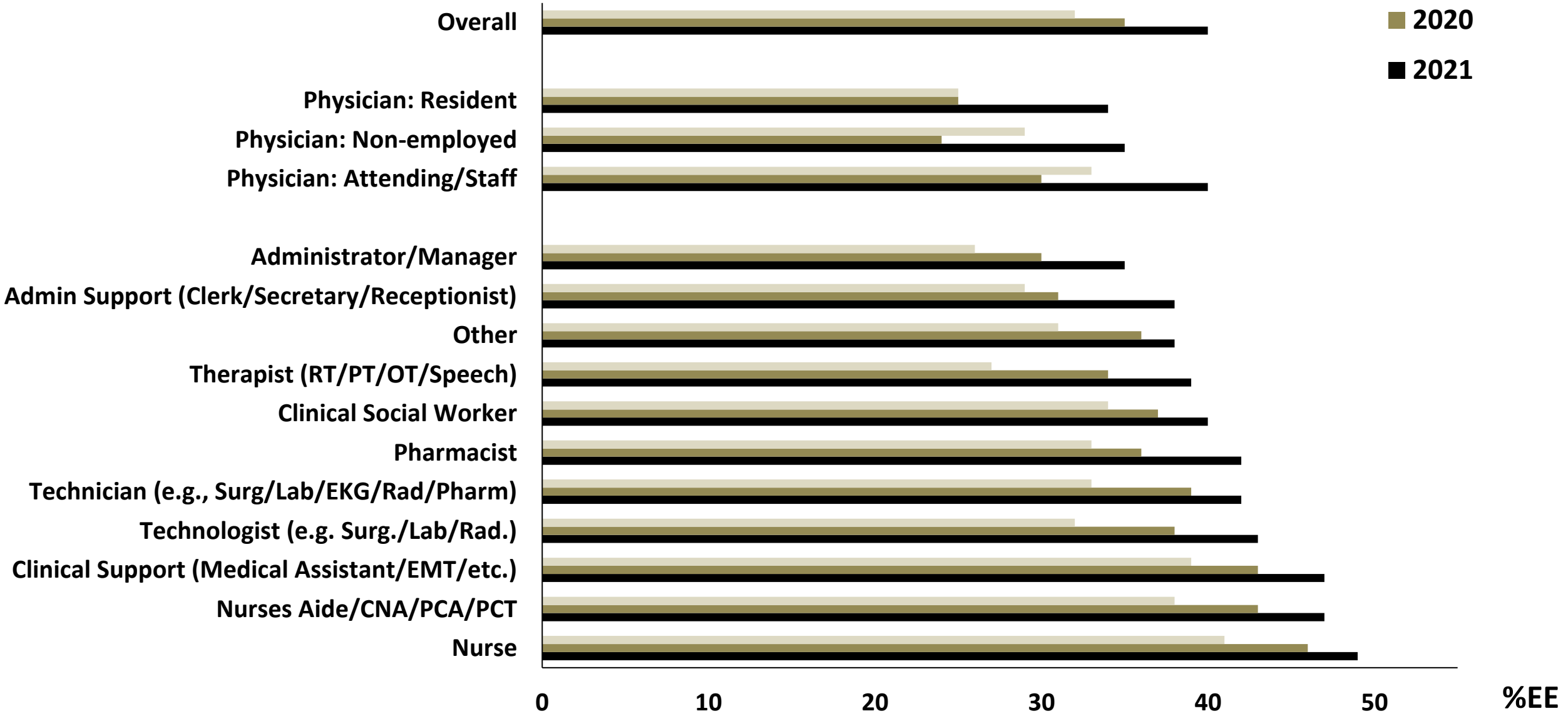
Emotional Exhaustion by Healthcare Worker Role



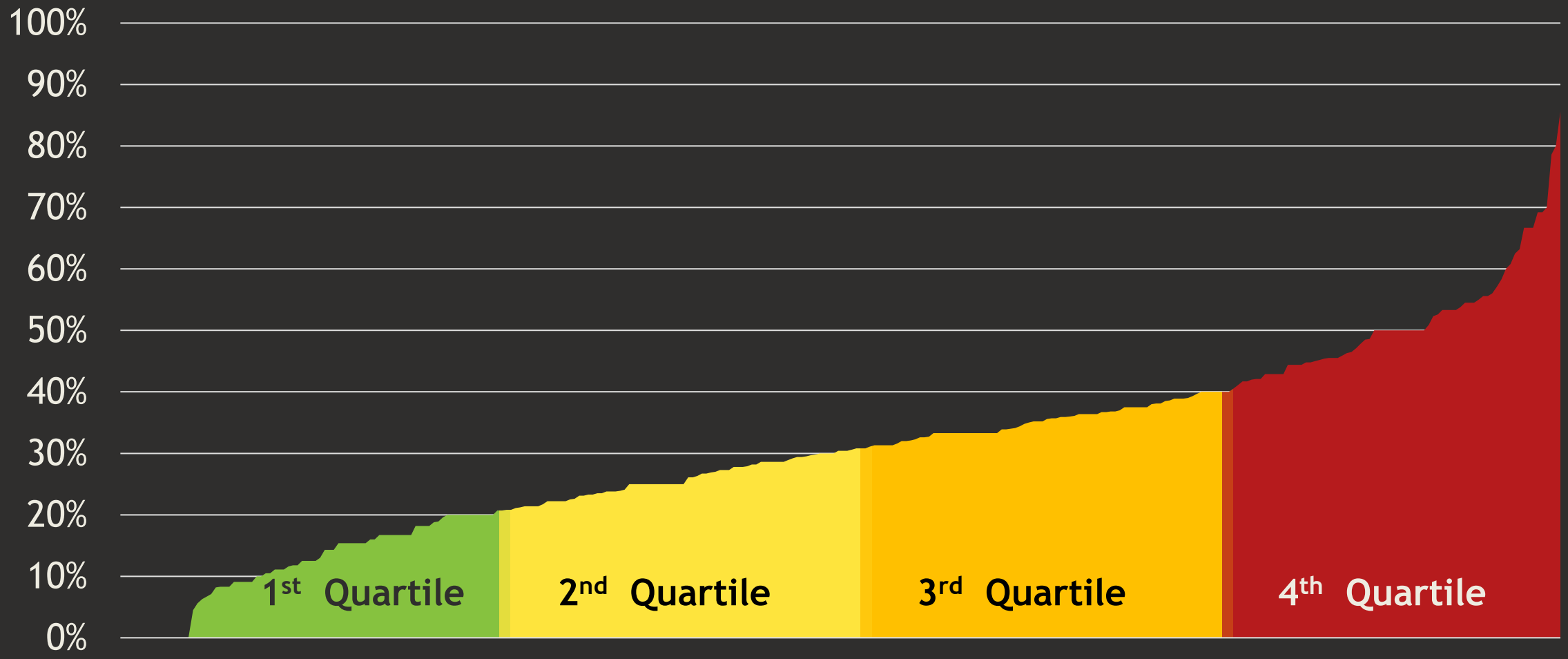
Emotional Exhaustion by Healthcare Worker Role



Emotional Exhaustion by Healthcare Worker Role



Emotional Exhaustion

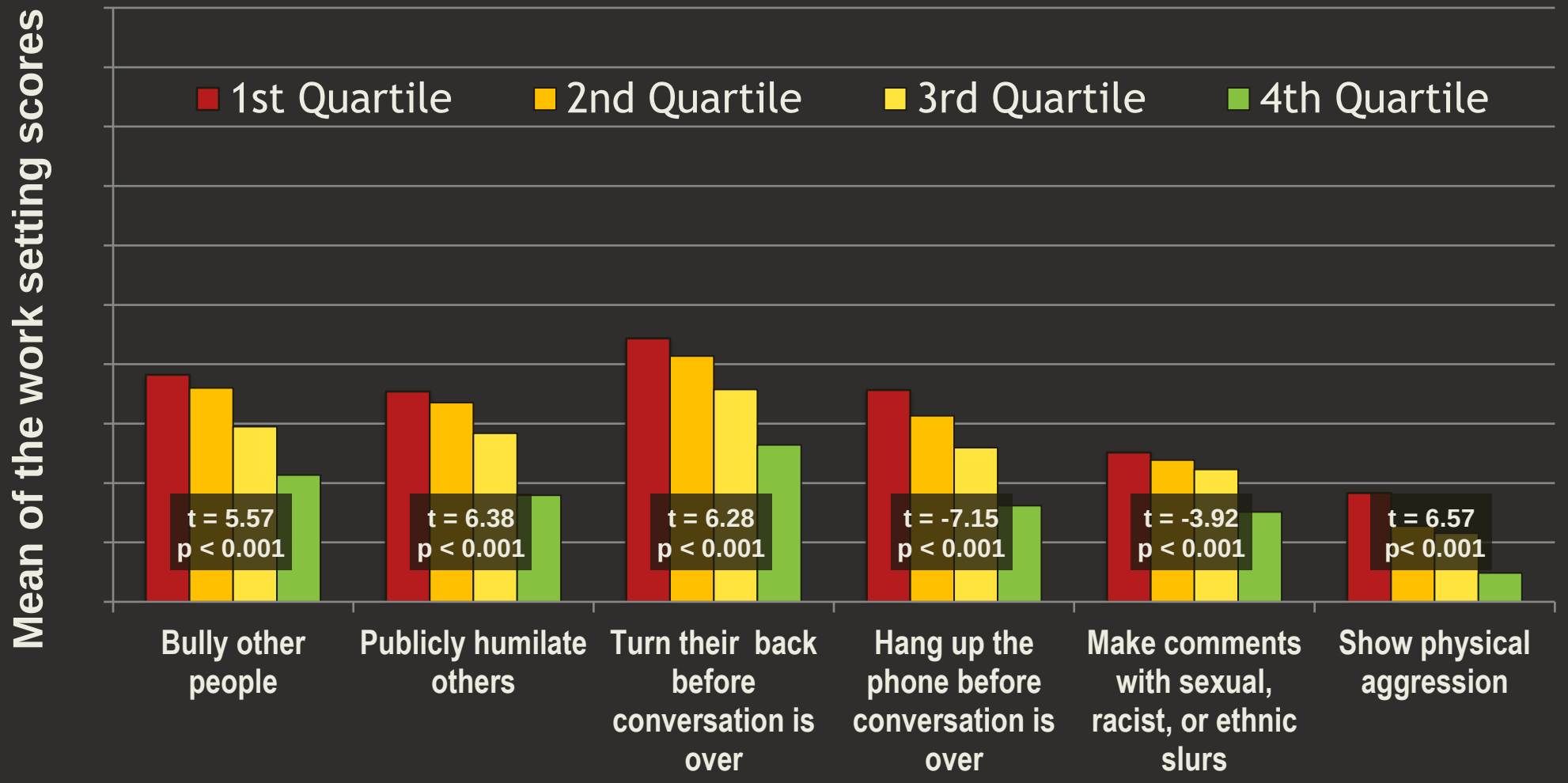


WELCOME TO WELL-B

Adair, Rehder & Sexton 2021

Disruptive Behavior Rates across 319 Work Settings

by Emotional Exhaustion Quartiles

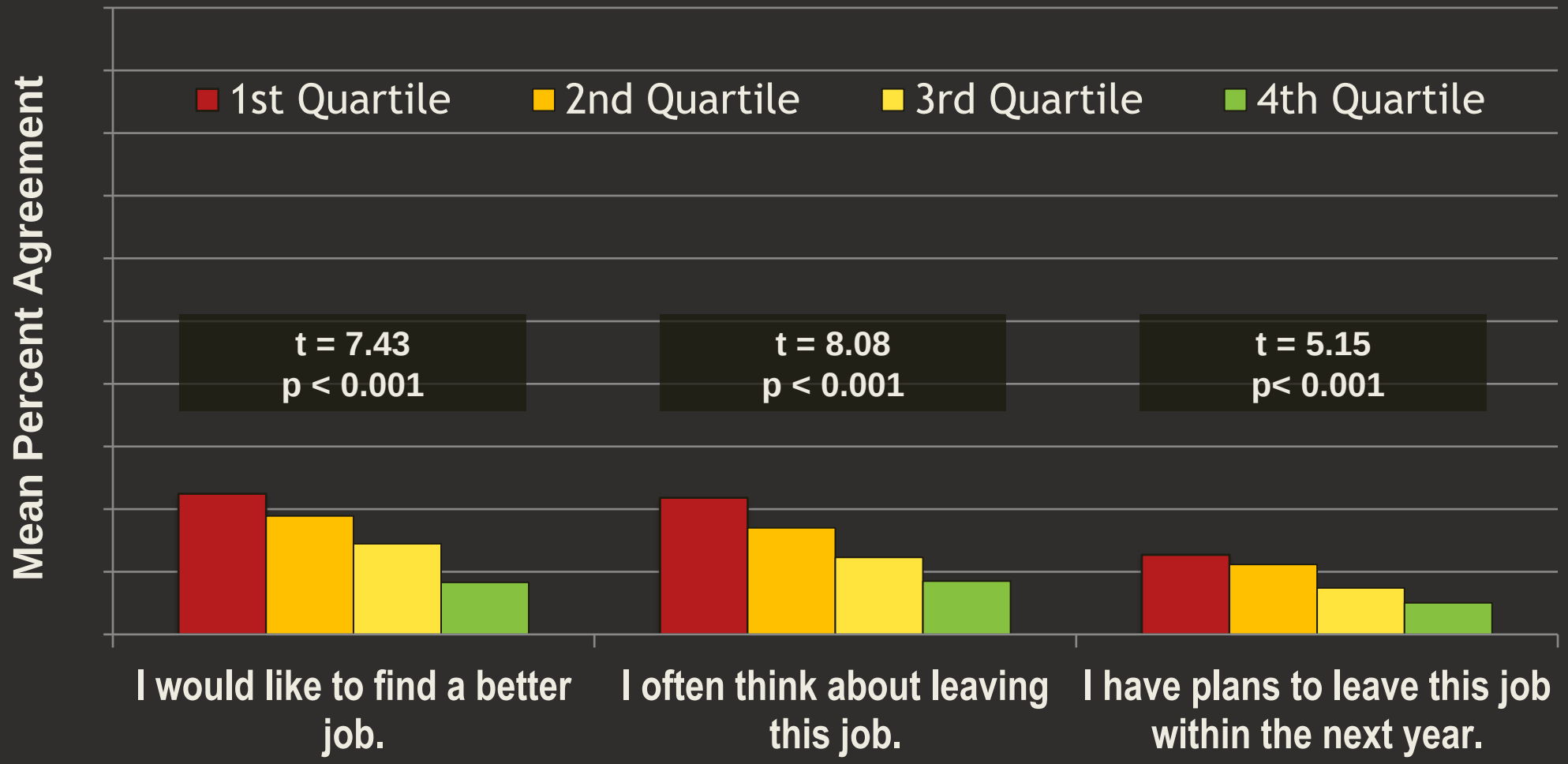


WELCOME TO WELL-B

Adair, Rehder & Sexton 2021

Intention to Leave Rates across 319 Work Settings

by Emotional Exhaustion Quartiles



WELCOME TO WELL-B

Adair, Rehder & Sexton 2021

The Joint Commission Journal on Quality and Patient Safety 2019; 000:1–9

Associations Between a New Disruptive Behaviors Scale and Teamwork, Patient Safety, Work-Life Balance, Burnout, and Depression

Kyle J. Rehder, MD; Kathryn C. Adair, PhD; Allison Hadley, MD; Katie McKittrick; Allan Frankel, MD; Michael Leonard, MD; Terri Christensen Frankel, RN; J. Bryan Sexton, PhD

Background: Disruptive and unprofessional behaviors occur frequently in health care and adversely affect patient care and health care worker job satisfaction. These behaviors have rarely been evaluated at a work setting level, nor do we fully understand how disruptive behaviors (DBs) are associated with important metrics such as teamwork and safety climate, work-life balance, burnout, and depression.

Objectives: Using a cross-sectional survey of all health care workers in a large US health system, this study aimed to introduce a brief scale for evaluating DBs at a work setting level, evaluate the scale's psychometric properties and provide benchmarking prevalence data from the health care system, and investigate associations between DBs and other validated measures of safety culture and well-being.

Results: One or more of six DBs were reported by 97.8% of work settings. DBs were reported in similar frequencies by men and women, and by most health care worker roles. The six-item disruptive behavior scale demonstrated an internal consistency of $\alpha = 0.867$. DB climate was significantly correlated with poorer teamwork climate, safety climate, job satisfaction, and perceptions of management; lower work-life balance; increased emotional exhaustion (burnout); and increased depression ($p < 0.001$ for each). A 10-unit increase in DB climate was associated with a 3.89- and 3.83-point decrease in teamwork and safety climate, respectively, and a 3.16- and 2.42-point increase in burnout and depression, respectively.

Conclusion: Disruptive behaviors are common, measurable, and associated with safety culture and health care worker well-being. This concise DB scale affords researchers a new, valid, and actionable tool to assess DBs.

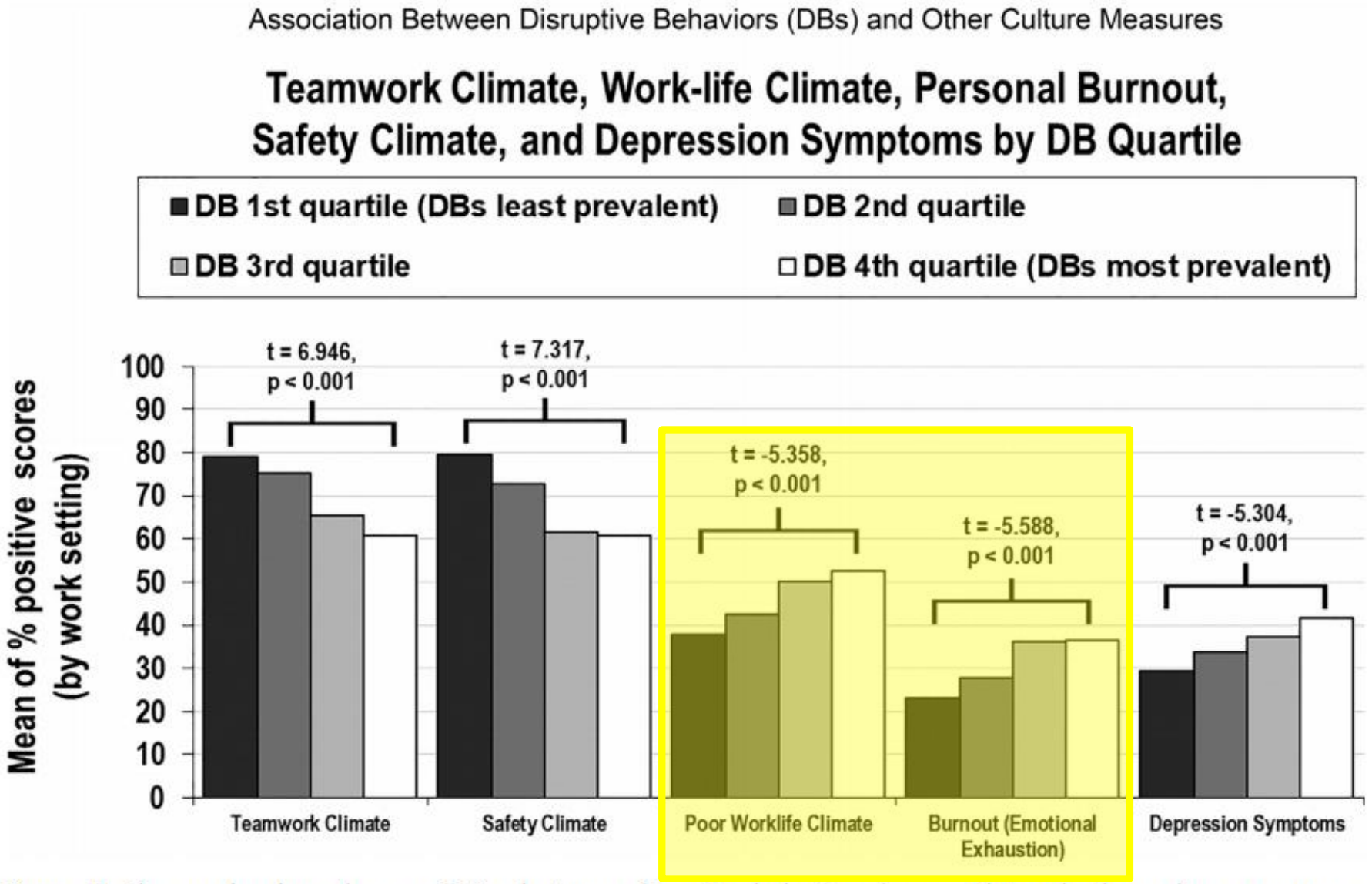
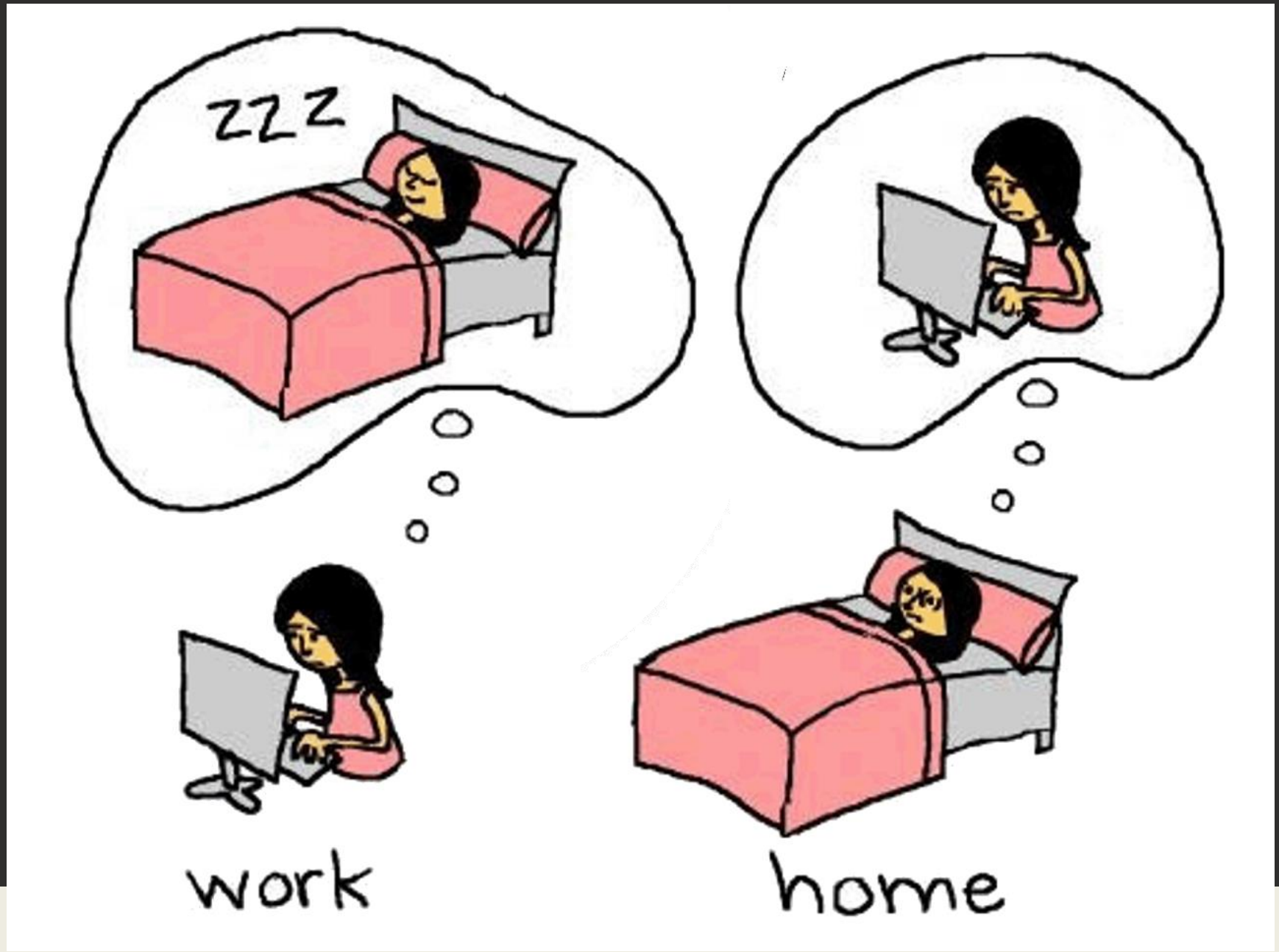


Figure 3: The graphs show the association between disruptive behaviors (by quartile) and other culture measures—teamwork climate, work-life climate, personal burnout, safety climate, and depression symptoms.



Satisfaction vs Behaviors

In the past week:

1. Skipped a meal
2. Ate a poorly balanced meal
3. Worked through a day/shift without any breaks
4. Arrived home late from work
5. Had difficulty sleeping
6. Changed personal/family plans because of work
7. Felt frustrated by technology
8. **Slept less that 5 hours in a night**

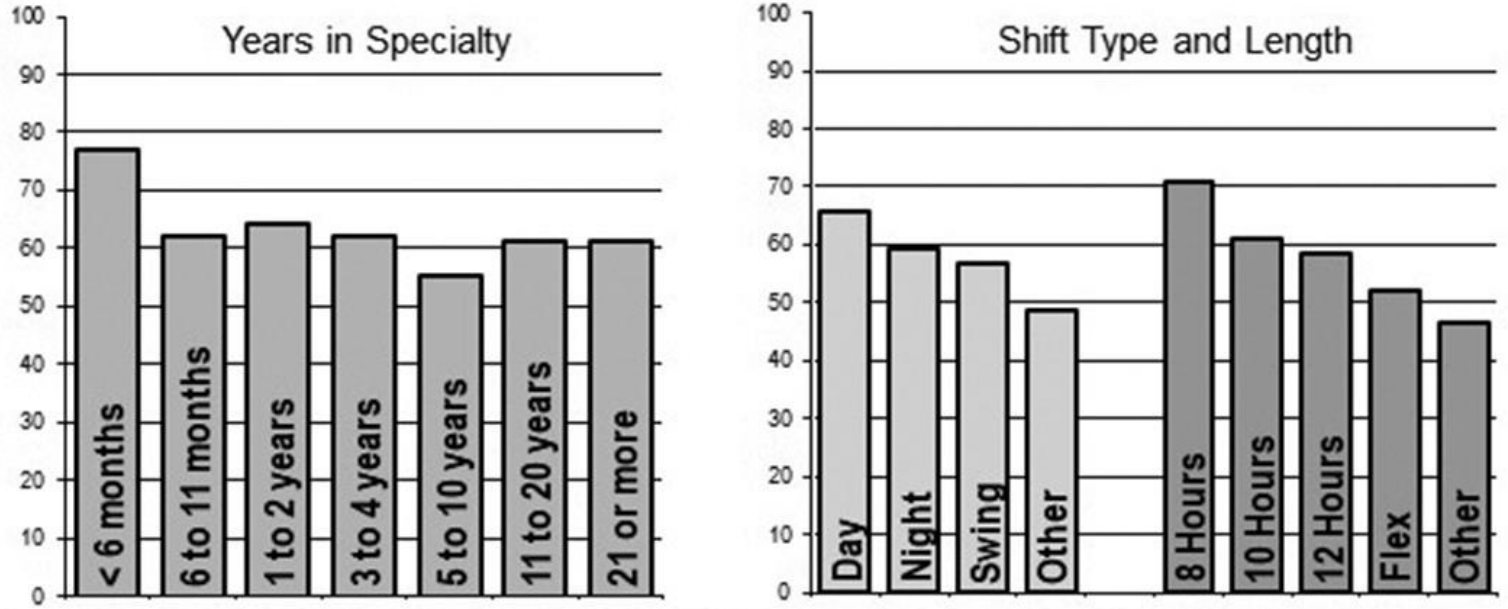
behaviours cluster

A.

B.

C.

% Reporting Good WLI



Note: Healthcare workers with less than 6 months in specialty reported significantly better WLI compared to all other categories, which did not differ from each other. Day shifts workers reported significantly better WLI scores than all other shift types. Night and swing shift workers did not differ in WLI. The "Other" shift type reported worse WLI than all other types. 8-hour shift workers reported better WLI than all other lengths. 10-hour shifts and 12-hour shifts did not differ in WLI, and Flex and Other reported the poorest WLI compared to the other categories, but were not different from each other.

% Respondents Reporting Good Work-Life Climate

Association, Duke University, Durham, North Carolina, USA
[4]Department of Pediatrics, Duke

a large healthcare system. (2)
properties of the work-life climate scale, and the extent
to which it acts like a climate, or group-level norm when
at the work setting level. (3) Explore associations

workers as burnout and dissatisfaction
with work-life balance (WLB) continue to
increase.[6–9]

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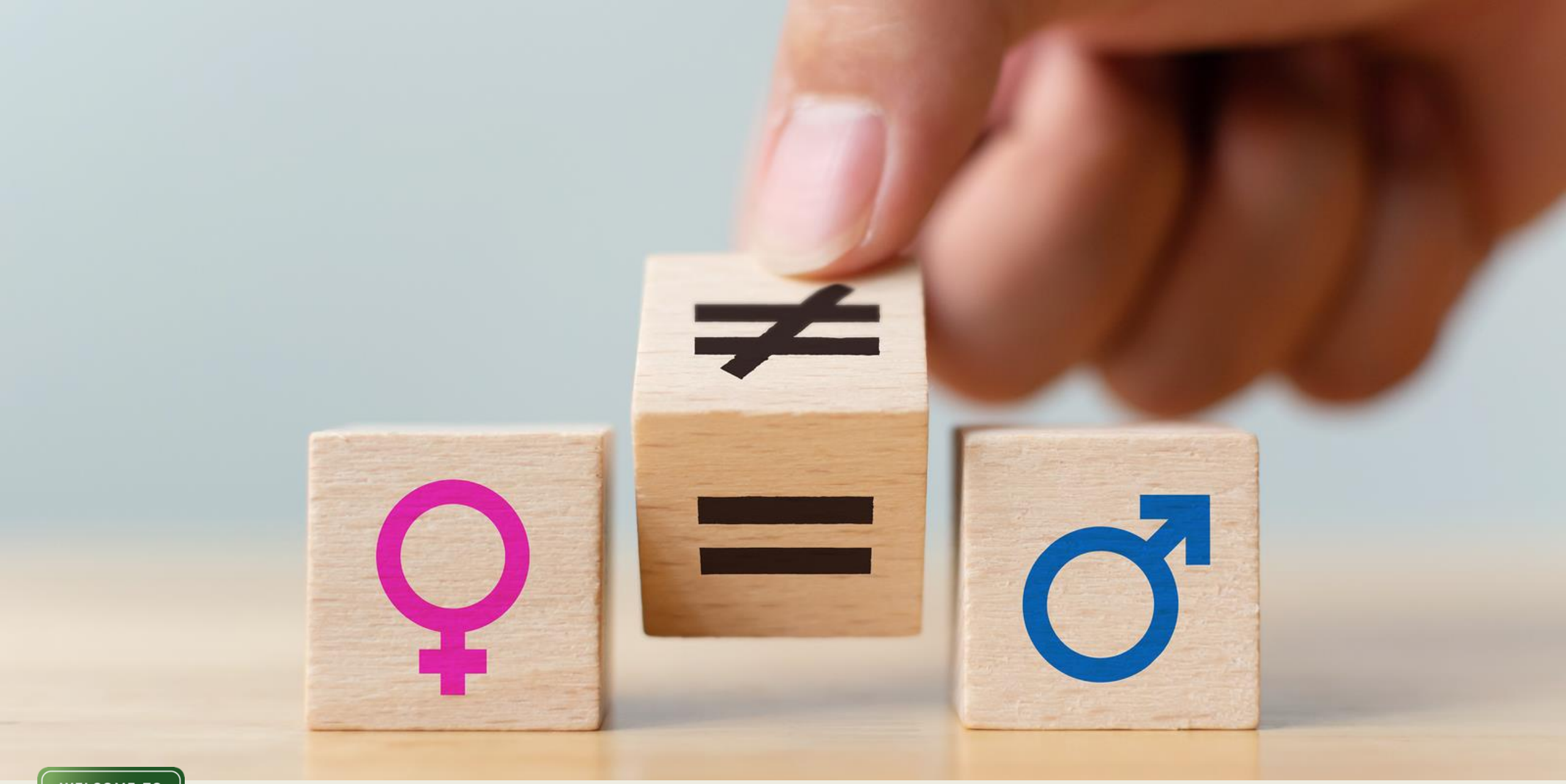
WELCOME TO
WELL-B

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Associated With Work-Life Integration

Multivariable linear regression models were used to modify the association between gender and WLI.

RESULTS Of 5197 physicians completing surveys, 4370 provided complete responses. Of the physicians who provided complete responses, 2719 were men, 3491 were White/Caucasian (80.8%), 3560 were married (82.4%), and the mean (SD) age was 52.3 (12.0) years. The mean (SD) WLI score was 55 (23). Women reported lower (worse) mean (SD) WLI scores than men overall (52 [22] vs 57 [23]; mean difference, −5 [−0.2 SDs]; $P < .001$). In multivariable regression, lower WLI was independently associated with being a woman (linear regression coefficient, −6; SE, 0.7; $P < .001$) as

Meaning These findings suggest [illegible] systemic change is needed to help physicians achieve appropriate integration of work life and home responsibilities.

JAMA Network Open. 2021;4(5):e2111575

Table 2. Multivariable Linear Regression Showing Personal and Professional Factors as Independent Variables Associated With Work-Life Integration[a] (continued)

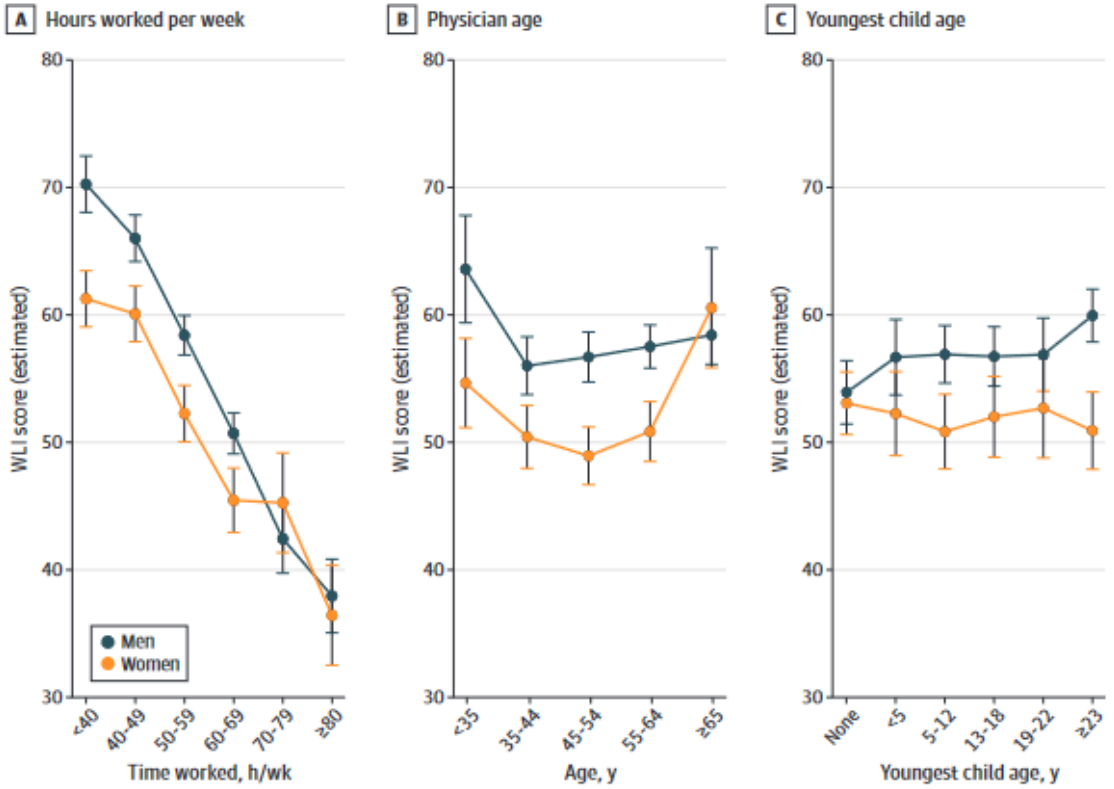
Variable	Coefficient (SE)	*P* value	Overall *P* value[b]
Hours worked per week (vs <40 h)	0	NA	
40-49	−2 (1.0)	.09	<.001
50-59	−9 (1.0)	<.001	
60-69	−16 (1.1)	<.001	
70-79	−22 (1.4)	<.001	
≥80	−27 (1.5)	<.001	
Call nights per week (per night)	−1 (0.2)	<.001	

Abbreviation: NA, not applicable.

[a] N = 4370 respondents. Dependent variable is work-life integration score (0-100 point scale). Estimates via multivariable linear regression with all covariates shown.

[b] Overall *P*-values for categorical variables via Wald test.

Figure 2. Multivariable Interaction Models Estimating Work-Life Integration (WLI) Scores



Estimated WLI scores showing the interactions between gender and (A) mean hours worked per week, (B) physician age in years, and (C) age of youngest child in years. Models also adjusted for relationship status and specialty. Error bars denote 95% CIs.

Burnout is associated with:

Lower Patient Satisfaction

Aiken et al. BMJ 2012;344: e1717
Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): II57–II66.

Infections

Cimiotti, Aiken, Sloane and Wu. Am J Infect Control. 2012 Aug;40(6):486–90.

Medication Errors

Fahrenkopf et al. BMJ. 2008 Mar 1;336(7642):488–91.

Higher Standardized Mortality Ratios

Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.

BMJ Quality & Safety Online First, published on 9 October 2017 as 10.1136/bmjqs-2016-006399

ling feedback following

Table 2 Work setting level correlation matrix of safety culture and engagement domains across 829 work settings (Cronbach's alphas and ICCs in the diagonal)

Score domain	1	2	3	4	5	6	7	8	9	10	11	12
1. Improvement readiness	0.92, 0.16											
2. Local leadership	0.74	0.94, 0.17										
3. Teamwork climate	0.67	0.57	0.82, 0.19									
4. Safety climate	0.80	0.75	0.73	0.87, 0.17								
5. Personal burnout	−0.619	−0.59	−0.58	−0.64	0.92, 0.15							
6. Burnout climate	−0.62	−0.55	−0.67	−0.67	0.80	0.90, 0.26						
7. Advancement	0.39	0.35	0.34	0.40	−0.28	−0.27	0.89, 0.14					
8. Growth opportunities	0.70	0.62	0.58	0.71	−0.56	−0.56	0.49	0.92, 0.10				
9. Job uncertainty	−0.29	−0.30	−0.19	−0.27	0.3							
10. Participation in decision-making	0.70	0.67	0.56	0.75	−0.6							
11. Work-life climate	0.33	0.28	0.35	0.38	−0.5							
12. Workload	−0.24	−0.26	−0.28	−0.27	0.56	0.53	−0.04	−0.20	0.15	−0.27	−0.50	0.84, 0.12

All correlations are significant at the p<0.01 level, except the correlations between Advancement and Workload (r=−0.04, p=0.27) and Advancement and Work-life climate (r=0.09, p=0.02).
ICC, intraclass correlations.

Burnout ICC .26

"Burnout is a team sport"

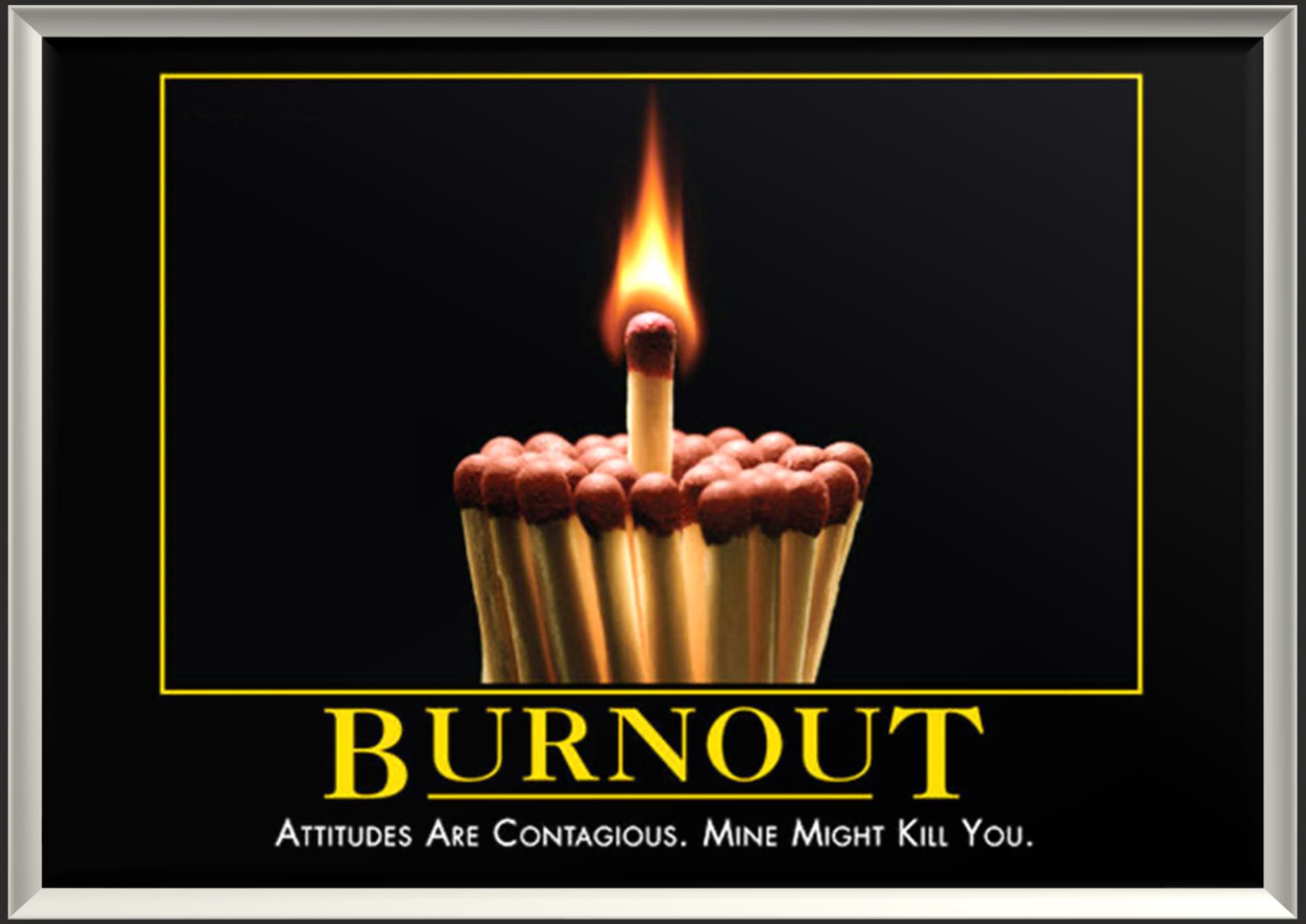
Rene Schwendimann,

► Additional material is published online only. To view please visit the journal online

ABSTRACT

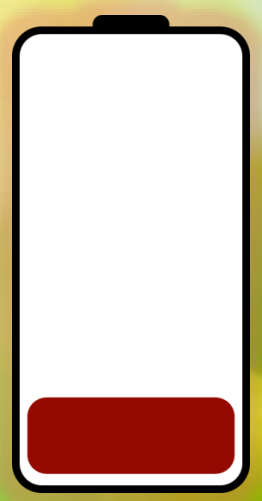
Background There is a poorly understood relationship between Leadership WalkRounds (WR) and domains such as safety culture, employee engagement, burnout and

WalkRounds (WR),[1] where front-line healthcare workers (HCW) are encouraged by leadership to identify and resolve issues related to the safe delivery of care. Fundamentally, WRs are a form of observ-

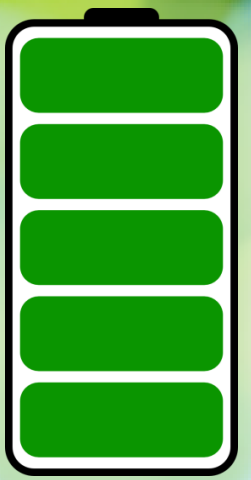

BURNOUT
ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.


WELCOME TO
WELL-B

despair.com



Burnout is contagious, but so is well-being…



Short Report

Having
With L

Olga Stav
Department of

Abstract

Studies ha
satisfactio
to the ult
($N = 4,37$
associate
(e.g., ho
analyses
satisfact
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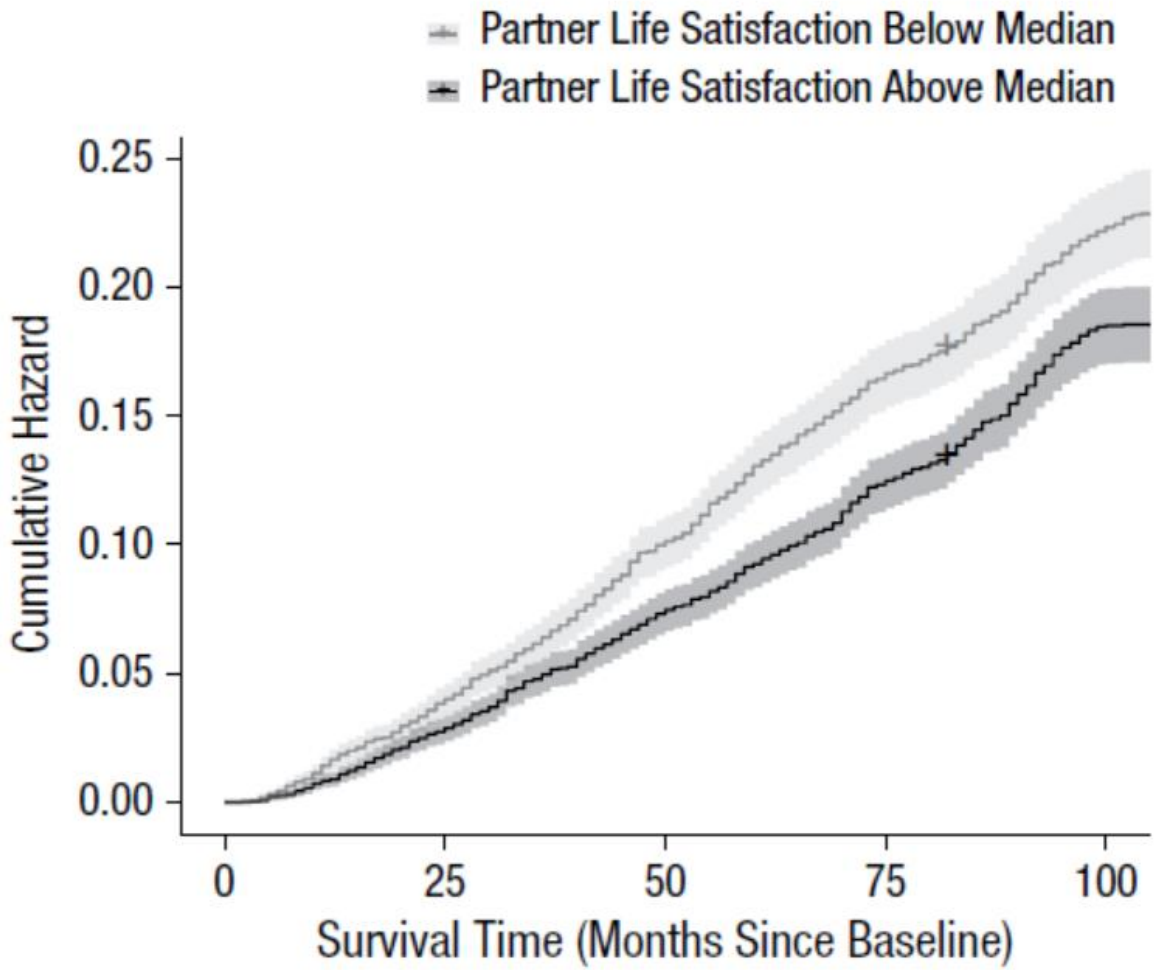

Fig. 1. Cumulative hazard of death (including 95% confidence bands) during the observation period. Results are shown separately for individuals whose spouses reported life satisfaction below the median at baseline and those whose spouses reported life satisfaction above the median at baseline.

aps
ASSOCIATION FOR
CHOLOGICAL SCIENCE

chological Science
19, Vol. 30(5) 798–803
The Author(s) 2019

OI: 10.1177/0956797619835147
ww.psychologicalscience.org/PS
SAGE

nes, from their relationship
spouse extends even further,
e sample of elderly couples
f spousal life satisfaction was
ples' socioeconomic situation
health. Exploratory mediation
hese findings suggest that life
and contribute to the fields of

Burnout is contagious, but so is well-being…


BMJ
QUALITY
& SAFETY
Ethnography to study healthcare improvements
Learning from voided computer medication orders
April 2018 Volume 27 Issue 4
Providing Feedback: the secret sauce in Safety WalkRounds?
qualitysafety.bmj.com
The Health Foundation
BMJ
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Traditional Patient Safety Rounding Frame:

"So how are we going to harm the next patient around here?"

Positive Rounding Frame:

"What are three things that are going well around here, and one thing that could be better?"

The Joint Commission

Joint Commission Resources

FOR IMMEDIATE RELEASE

Media Contact:
Katie Bronk
Corporate Communications
(630) 792-5175
kbronk@jointcommission.org

NEWS RELEASE

View the multimedia news release

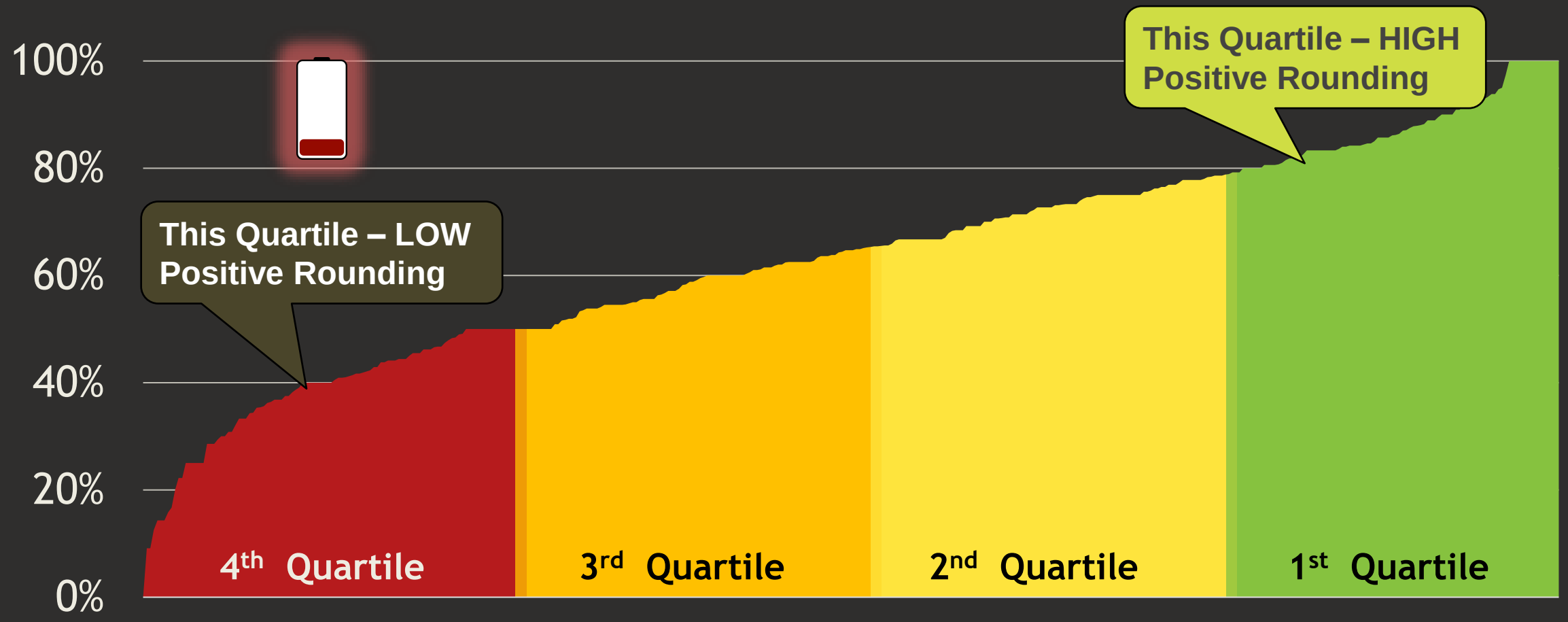
Positive Leadership WalkRounds improve health care worker well-being and safety culture

Study in July 2021 issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, June 22, 2021) – Interventions to decrease burnout in health care are urgently needed. A new study in the July 2021 issue of *The Joint Commission Journal on Quality and Patient Safety* (JQPS) evaluates the association between Positive Leadership WalkRounds (PosWR), and health care worker (HCW) well-being and organizational safety culture.

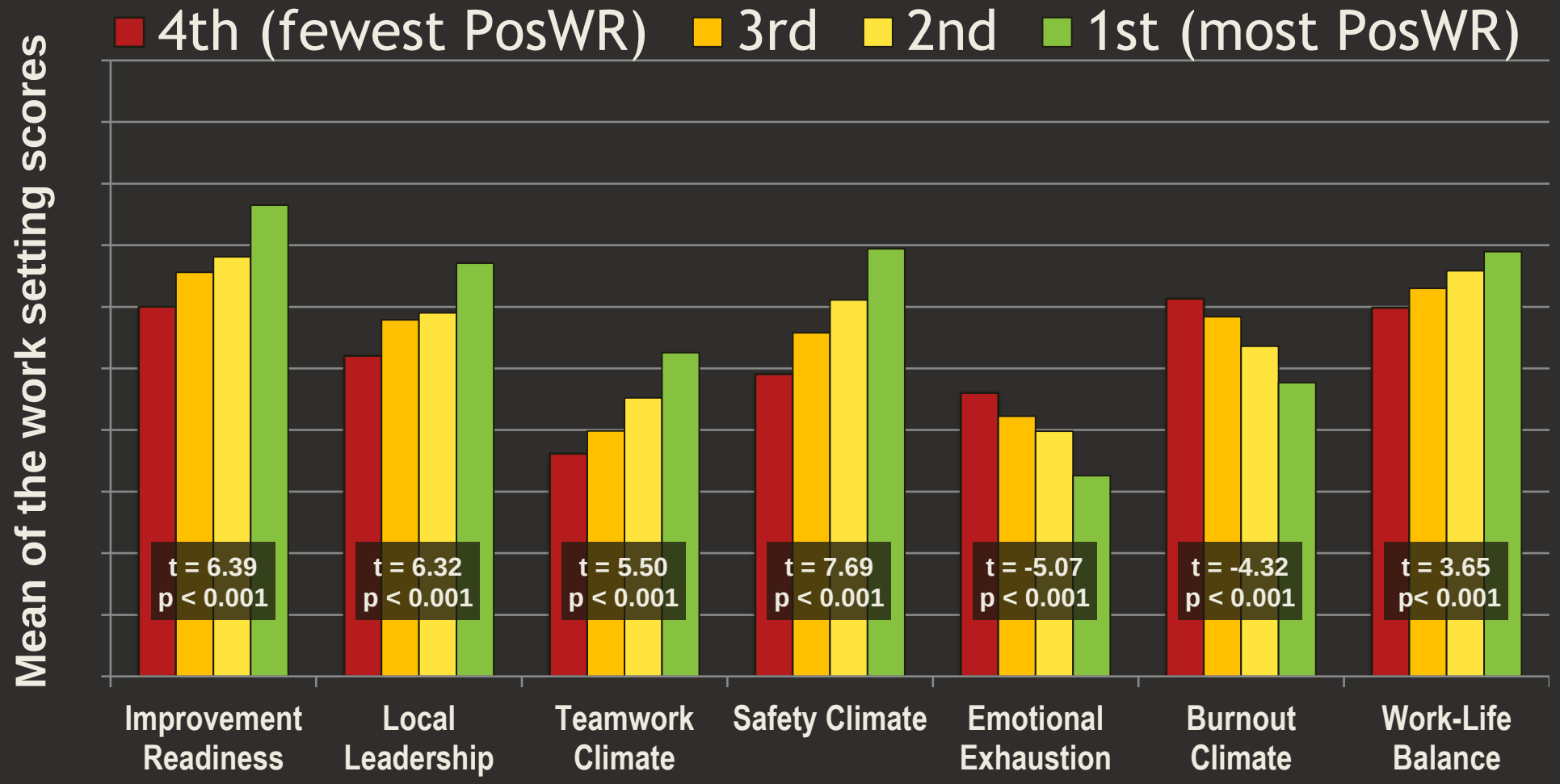
The study, "Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds," was completed at Duke University Health System, Durham, North Carolina, and involved senior leaders who were encouraged to conduct PosWR, an organizational practice in which leaders conduct rounds and ask staff about what is going well.

Do senior leaders ask for information about what is going well in this work setting (e.g., people who deserve special recognition for going above and beyond, celebration of successes, etc.)?



Sexton, J. B., Adair, K. C., Profit, J., et al.
Safety culture and workforce well-being associations with Positive WalkRounds. Jt Comm J Patient Saf Qual. In press, 2021.

Safety Culture & Well-Being by Positive Rounding Quartiles



Sexton, J. B., Adair, K. C., Profit, J., et al.
Safety culture and workforce well-being associations with Positive WalkRounds. Jt Comm J Patient Saf Qual. In press, 2021.

BMJ Quality & Safety Online First, published on 9 October 2017 as 10.1136/bmjqs-2016-006399

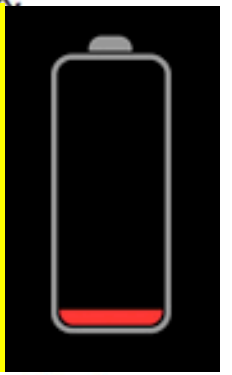
The Leadership scale begins with the prompt "In this work setting, local leadership…". Then individual items ask:

Is available at predictable times.
Regularly makes time to provide positive feedback to me about how I am doing.
Provides frequent feedback about my performance.
Provides useful feedback about my performance.
Communicates their expectations to me about my performance.

lower burnout

J Bryan Sexton,[1,2] Kathryn C Adair,[3]
Michael W Leonard,[4,5] Terri Christensen Frankel,[4] Joshua Proulx[4]

Each 10-point increase in Leadership was associated with a 28% reduction in the odds of burnout for the respondent



For numbered affiliations see end of article.

Methods This cross-sectional survey study evaluated associations between receiving feedback about actions taken as a result of WR and healthcare worker assessments of patient safety culture, employee

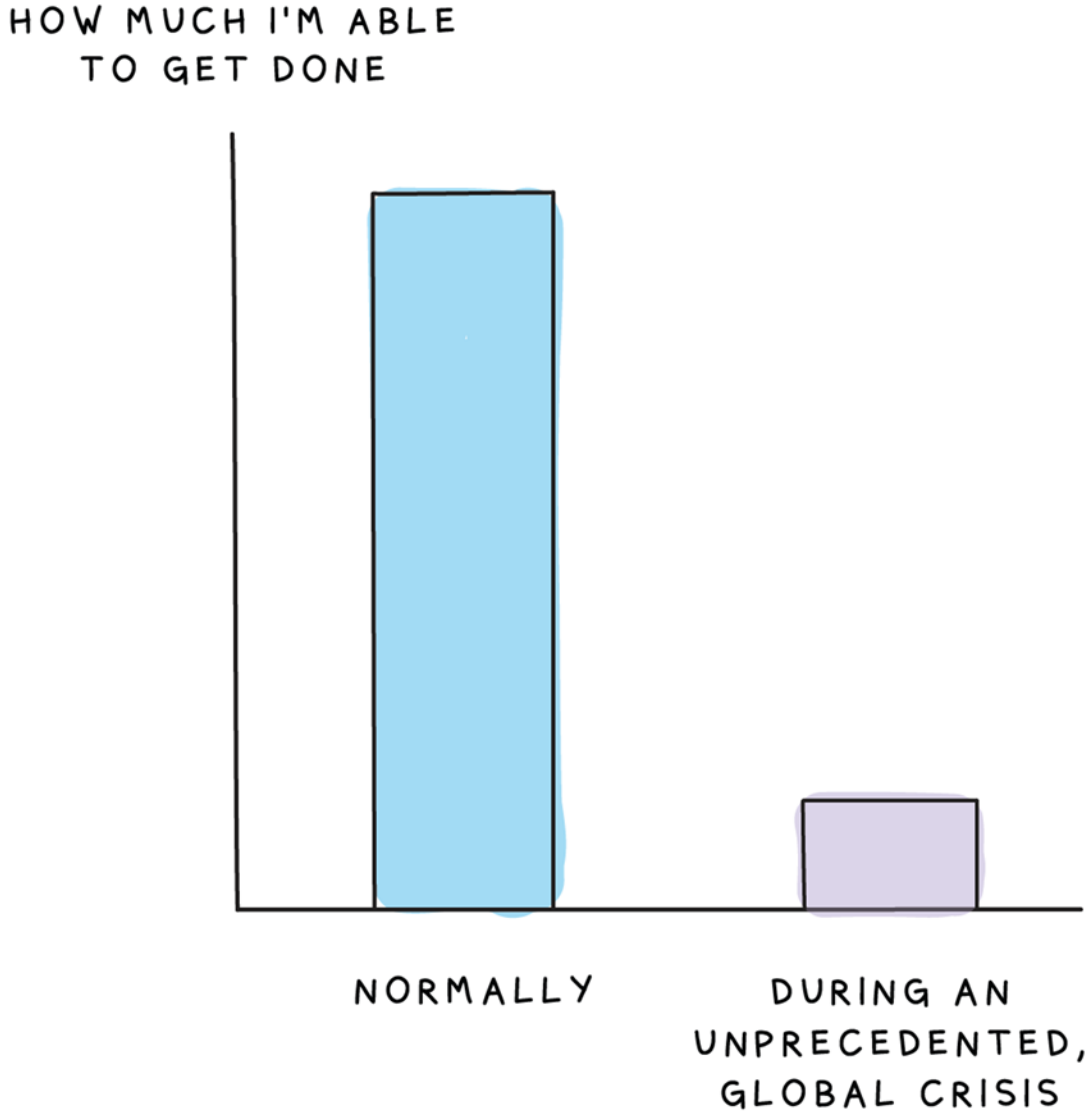
Fundamentally, WRs are a form of observable leadership engagement with quality that can be an empowering resource for HCW[2] at a time when resources are

Pausing and reflecting is the secret sauce for:

- individual interventions
- institutional interventions
- effective leadership practices

Burnout is intense, can we cause it to go down?

We need bite-sized strategies



LIZ FOSSLIEN
@LIZANDMOLLIE

Journal of Perinatology
https://doi.org/10.1038/s41372-021-01100-y

ARTICLE

Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout

Jochen Profit[1,2] · Kathryn C. Adair[3,4] · Xin Cui[1,2] · Briana Mitchell[1] · Debra Brandon[5,6] · Daniel S. Tawfik[7] · Joseph Rigdon[8] · Jeffrey B. Gould[1,2] · Henry C. Lee[1,2] · Wendy L. Timpson[9] · Martin J. McCaffrey[10] · Alexis S. Davis[1] · Mohan Pammi[11] · Melissa Matthews[12] · Ann R. Stark[13] · Lu-Ann Papile[14] · Eric Thomas[15] · Michael Cotten[16] · Amir Khan[14] · J. Bryan Sexton[3,4]

Received: 13 January 2021 / Revised: 26 April 2021 / Accepted: 6 May 2021

Abstract

Objective Test web-based implementation for the science of enhancing resilience (WISER) intervention efficacy in reduc healthcare worker (HCW) burnout.

Design RCT using two cohorts of HCWs of four NICUs each, to improve HCW well-being (primary outcome: burnc Cohort 1 received WISER while Cohort 2 acted as a waitlist control.

Results Cohorts were similar, mostly female (83%) and nurses (62%). In Cohorts 1 and 2 respectively, 182 and 299 initi WISER, 100 and 176 completed 1-month follow-up, and 78 and 146 completed 6-month follow-up. Relative to cont WISER decreased burnout (−5.27 (95% CI: −10.44, −0.10), $p = 0.046$). Combined adjusted cohort results at 1-mo showed that the percentage of HCWs reporting concerning outcomes was significantly decreased for burnout (−6.3% (9 CI: −11.6%, −1.0%); $p = 0.008$), and secondary outcomes depression (−5.2% (95%CI: −10.8, −0.4); $p = 0.022$) work-life integration (−11.8% (95%CI: −17.9, −6.1); $p < 0.001$). Improvements endured at 6 months.

Conclusion WISER appears to durably improve HCW well-being.

Clinical Trials Number NCT02603133; https://clinicaltrials.gov/ct2/show/NCT02603133

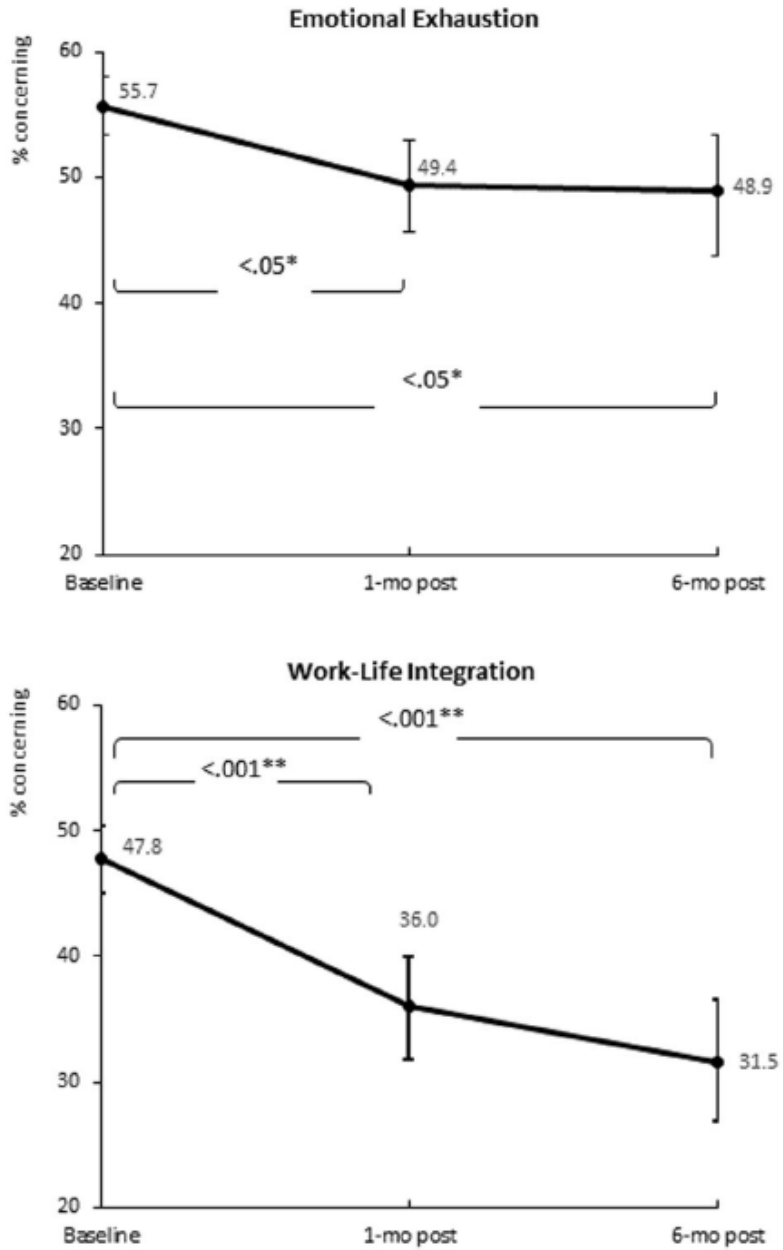
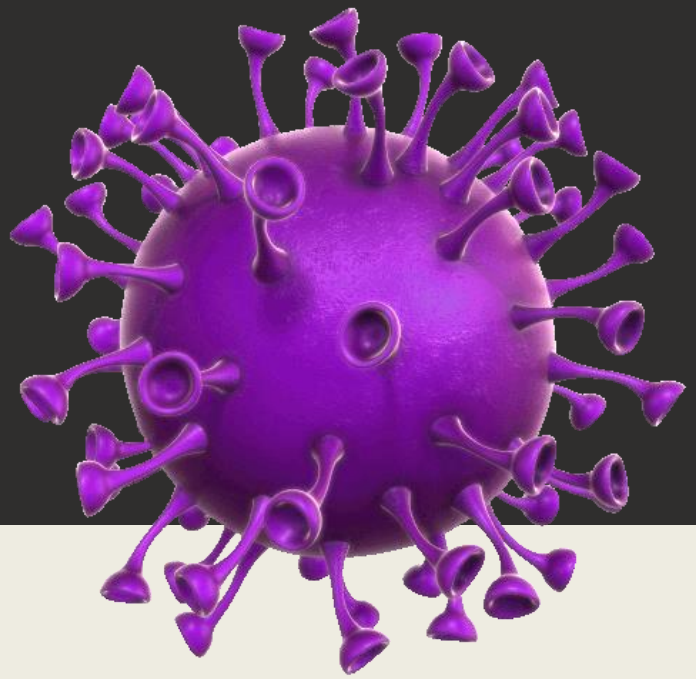
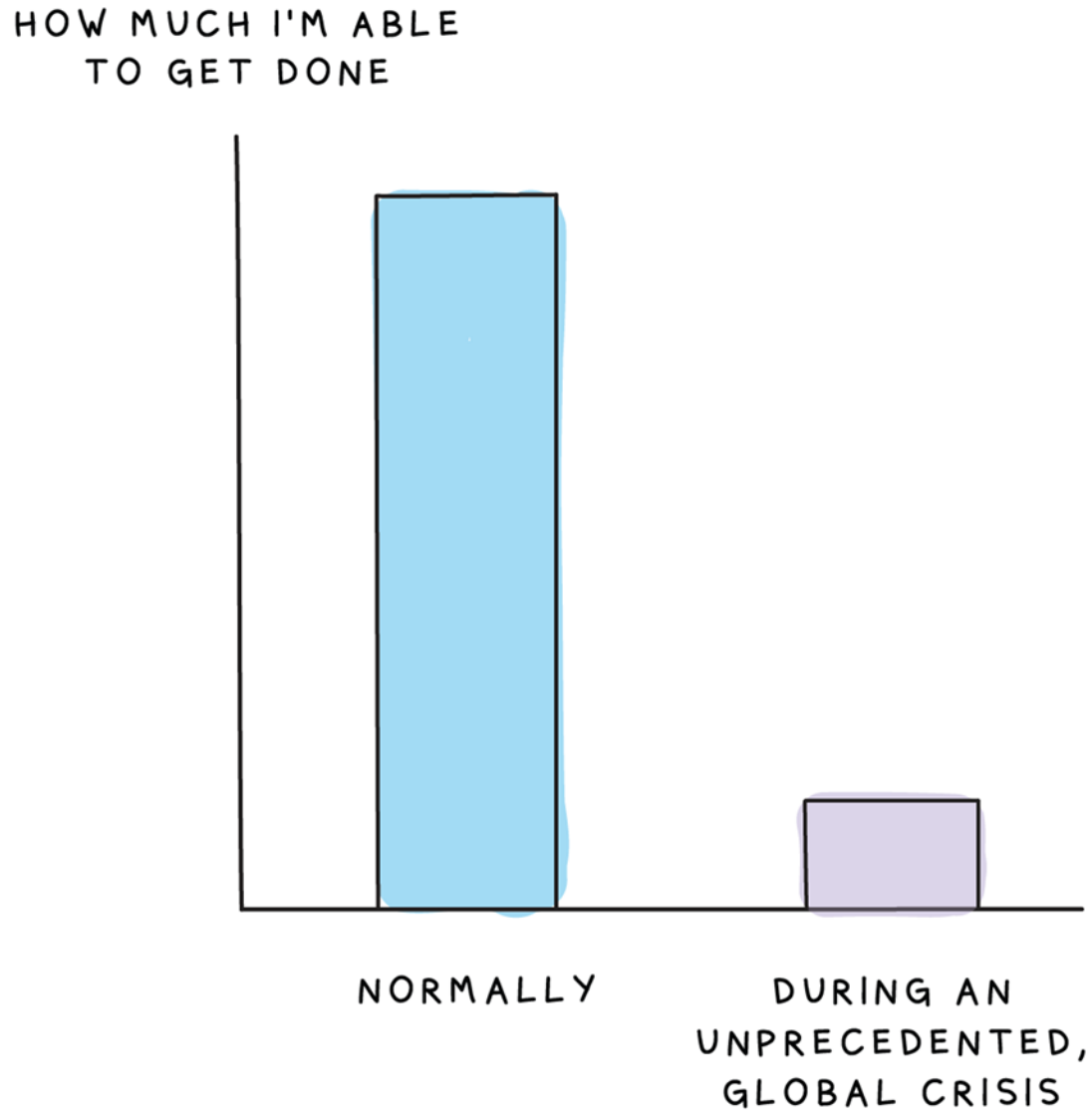


Fig. 2 Effect of WISER on the percent concerning scale. Statistical c month post provided in brackets.

How do I improve my work-life balance?



We need bite-sized strategies



Bite-sized through your phone

Go to
bit.ly/wlbtool

...or hold your phone camera over QR code

WELCOME TO
WELL-B


12:00
Now we will take a couple of minutes to reflect on your sleep, food, & well-being from the past 24 hours:
hours of sleep last night (click the bar to select amount):
0 1 2 3 4 5 6 7 8 9 10 11 12
hours last night
Not Applicable
ast night my sleep uality was great
Any other comments about sleep or typical
...or hold your phone camera over QR code
WELCOME TO
WELL-B

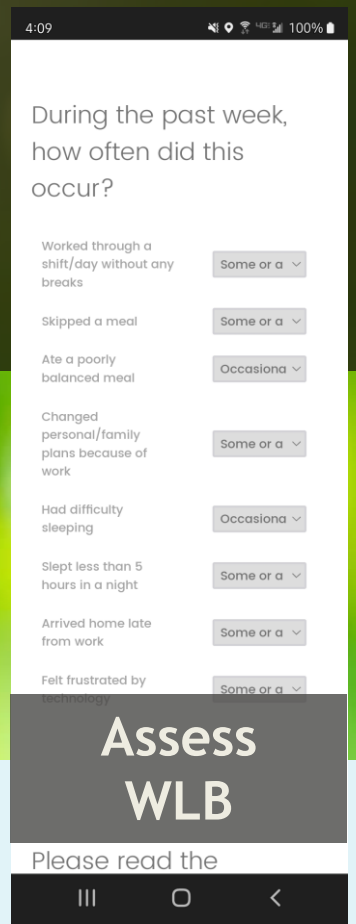
4 Days, with a follow-up on day 8

5 min to enroll, < 3 min each day

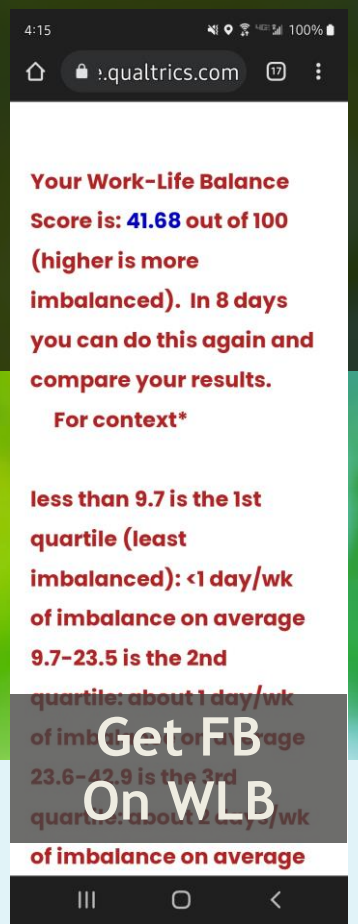
Assess WLB and get feedback w/ benchmarks

04:00

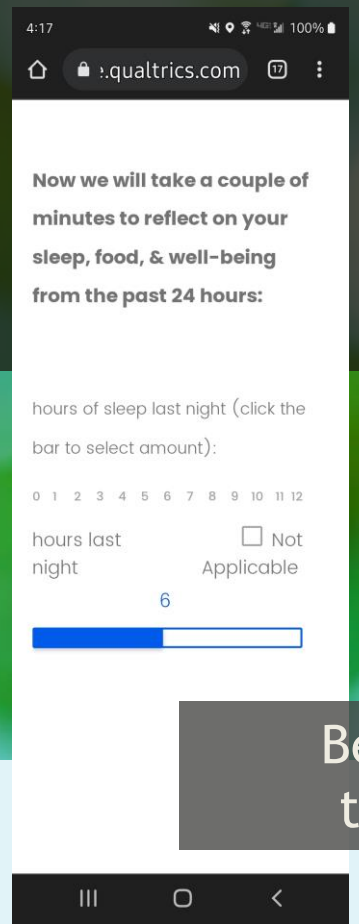
bit.ly/wlbtool



Assess WLB



Get FB On WLB



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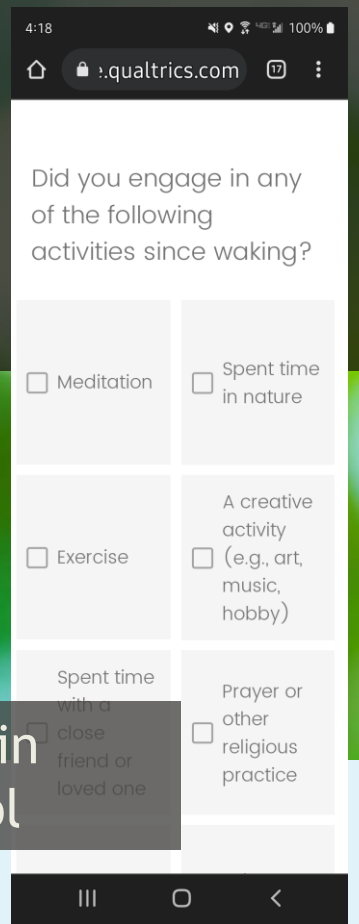

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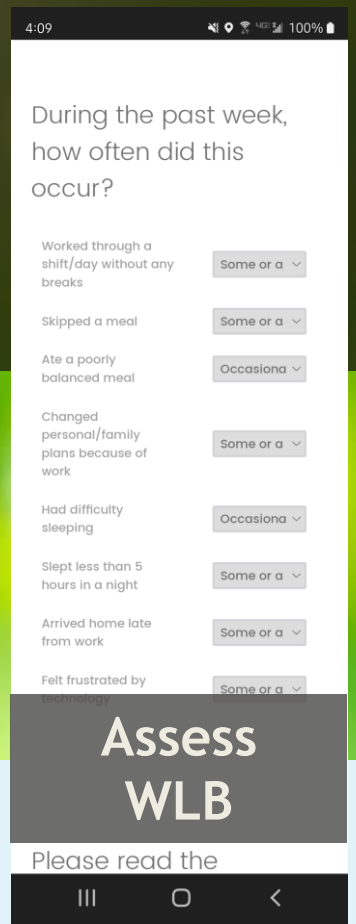
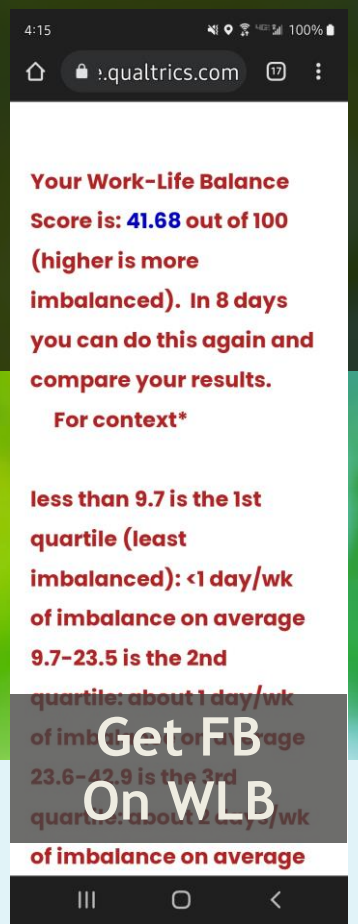


Assess WLB



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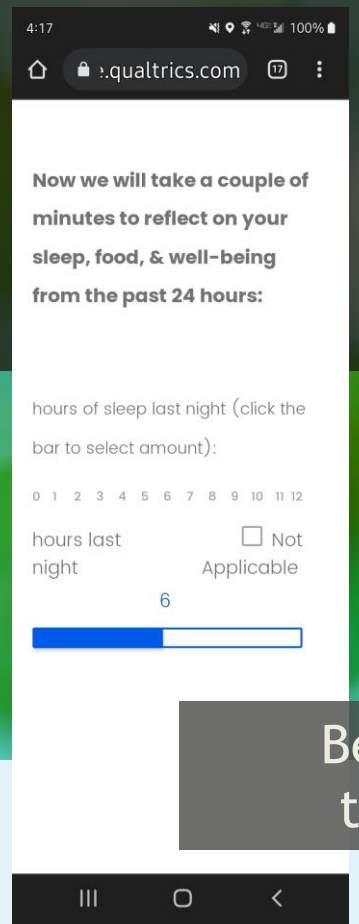

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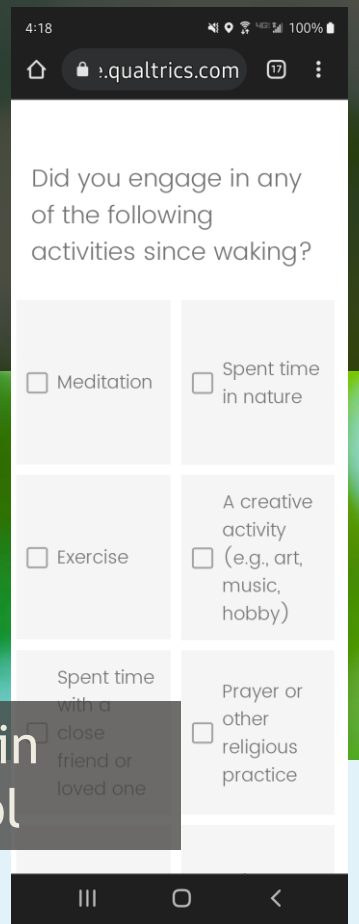
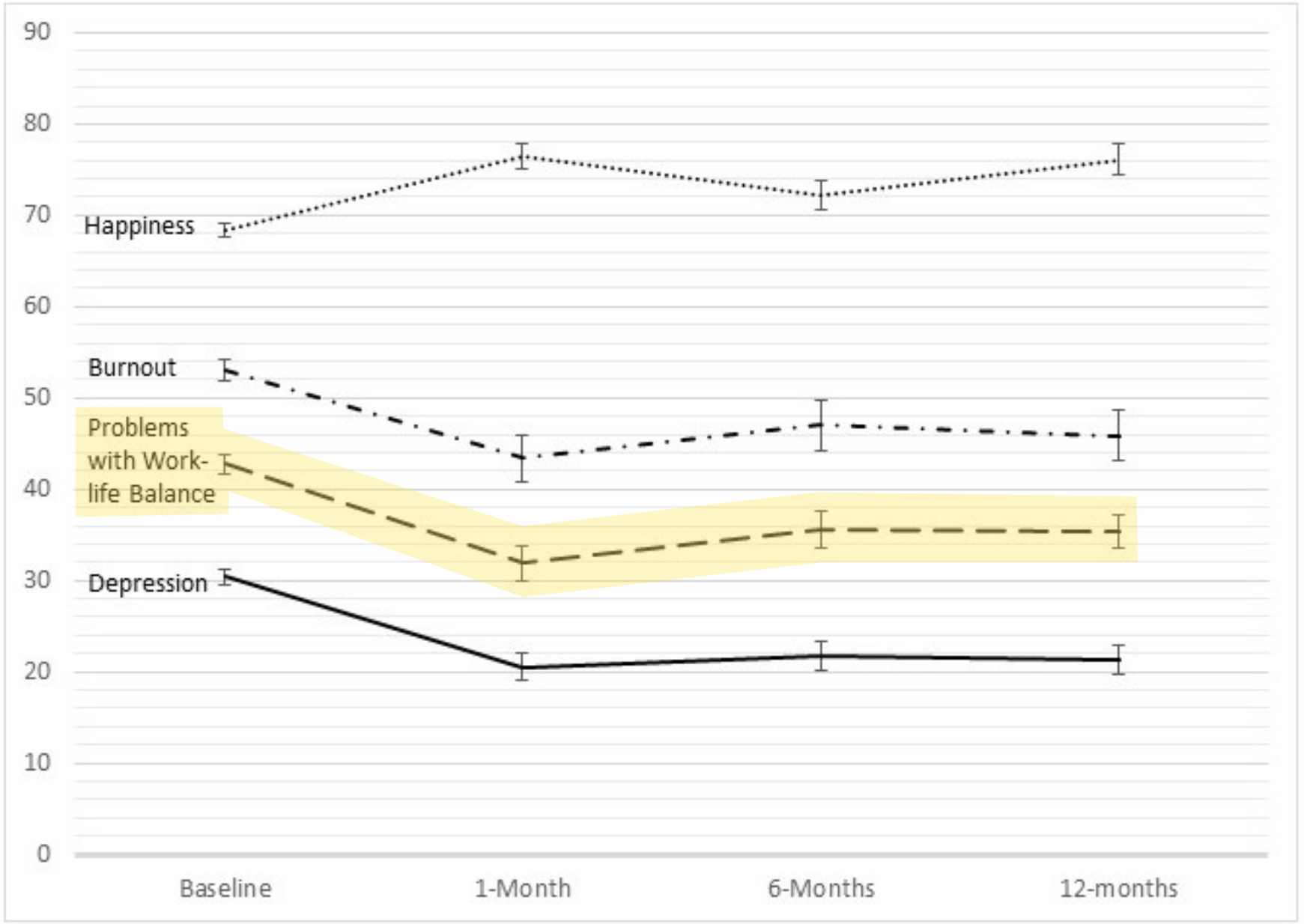


How responsive are well-being metrics to interventions?



WELCOME TO
WELL-B

and happiness. *BMJ Open*

Methods 228 HCWs

repeated measures study of a web-based 15-day long

this study

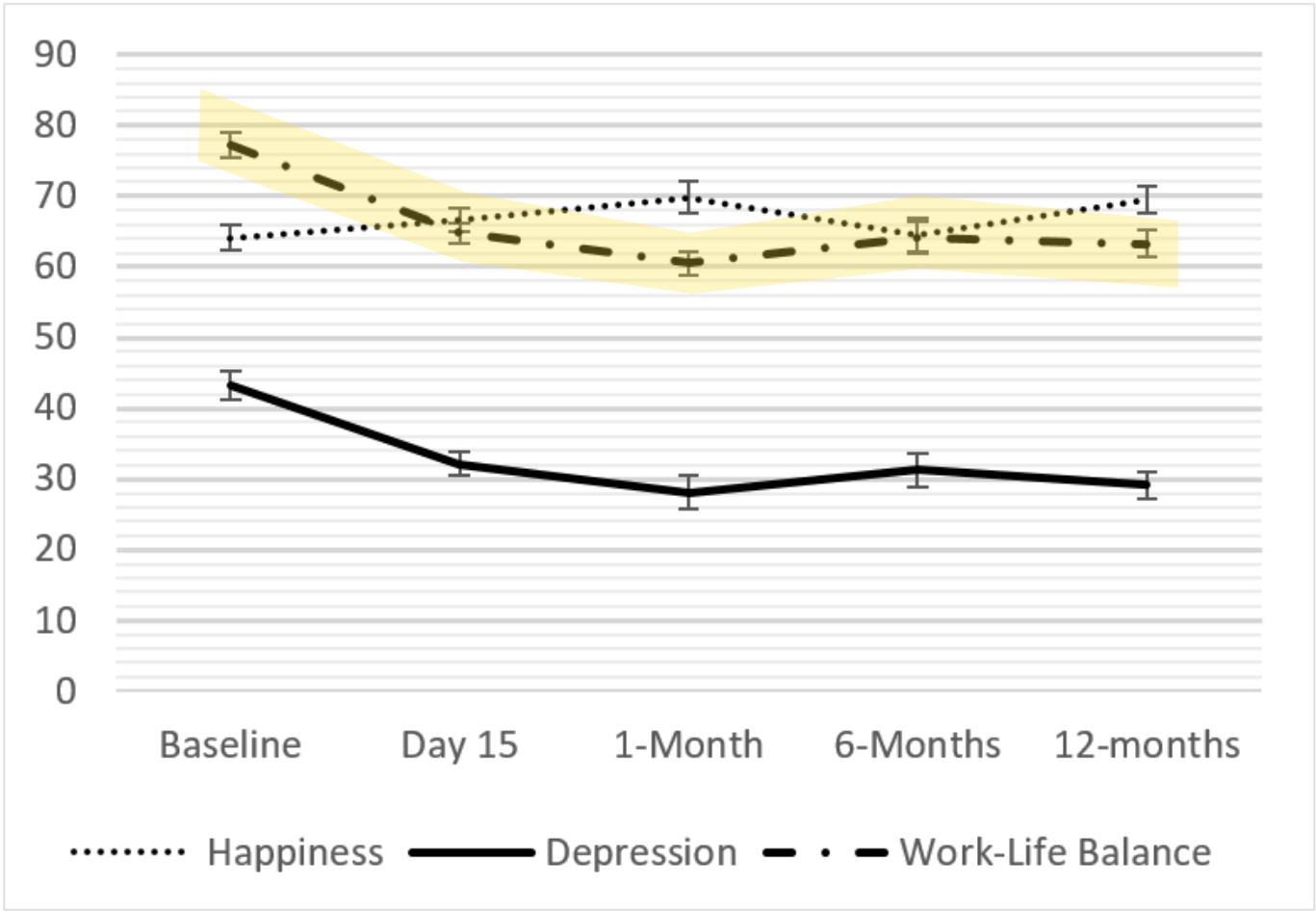
efficacy of the Three
or healthcare work-
e points: at baseline
ollow-ups (1 month, 6

four well-being mea-
, depression symptoms,
ork–life balance.
by not having a ran-

This pilot study is limited

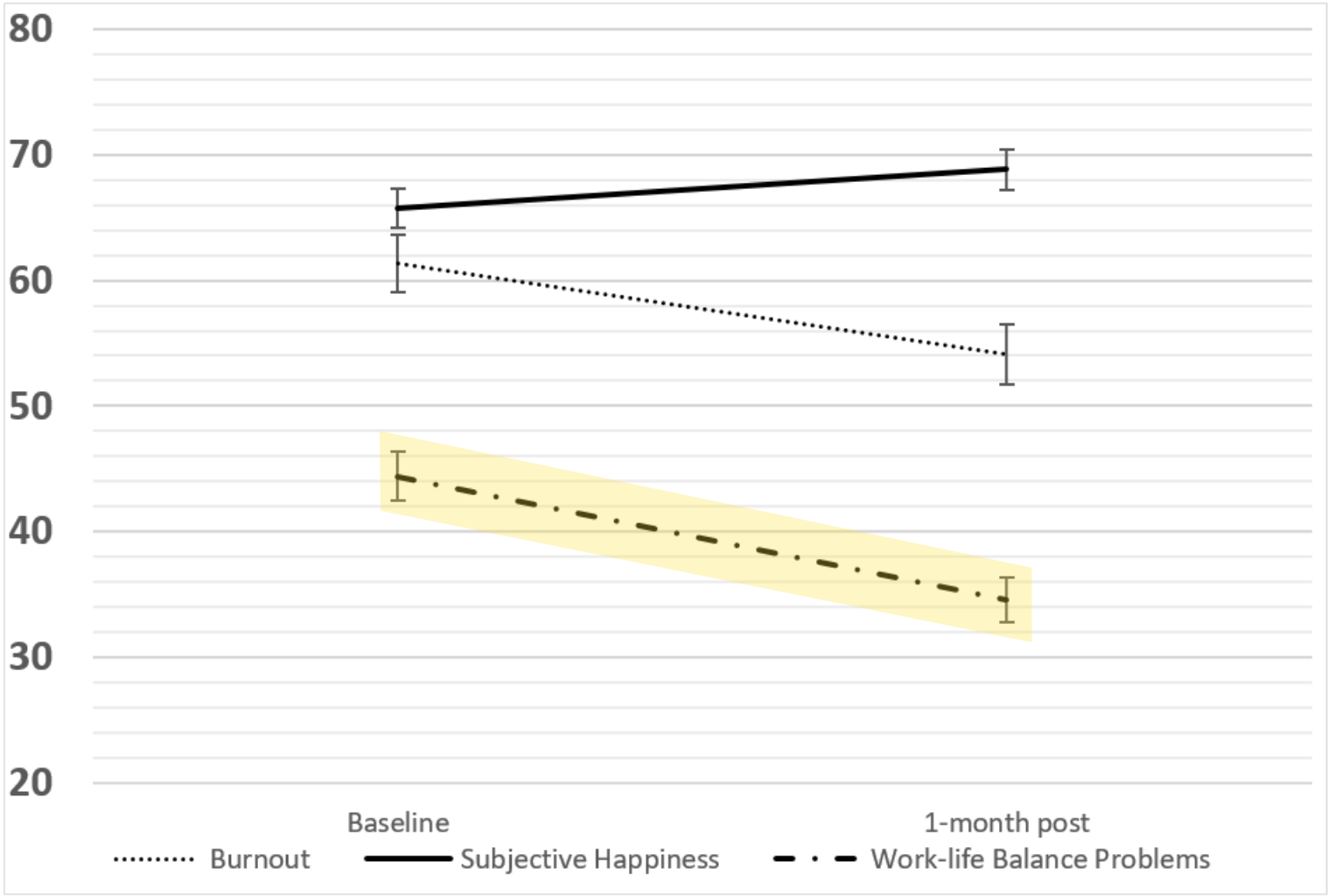
Figure 1. Study 1: Three Good Things Means and Standard Errors for E

Figure 2. Study 1: Three Good Things Means and Standard Errors for Happiness, Depression, and Work-Life Balance across Assessment Points



Adair, Kennedy & Sexton 2020

Figure 3: Study 2: Means and Standard Errors for Emotional Exhaustion, Subjective Happiness, and Work-life Balance across Assessment Points



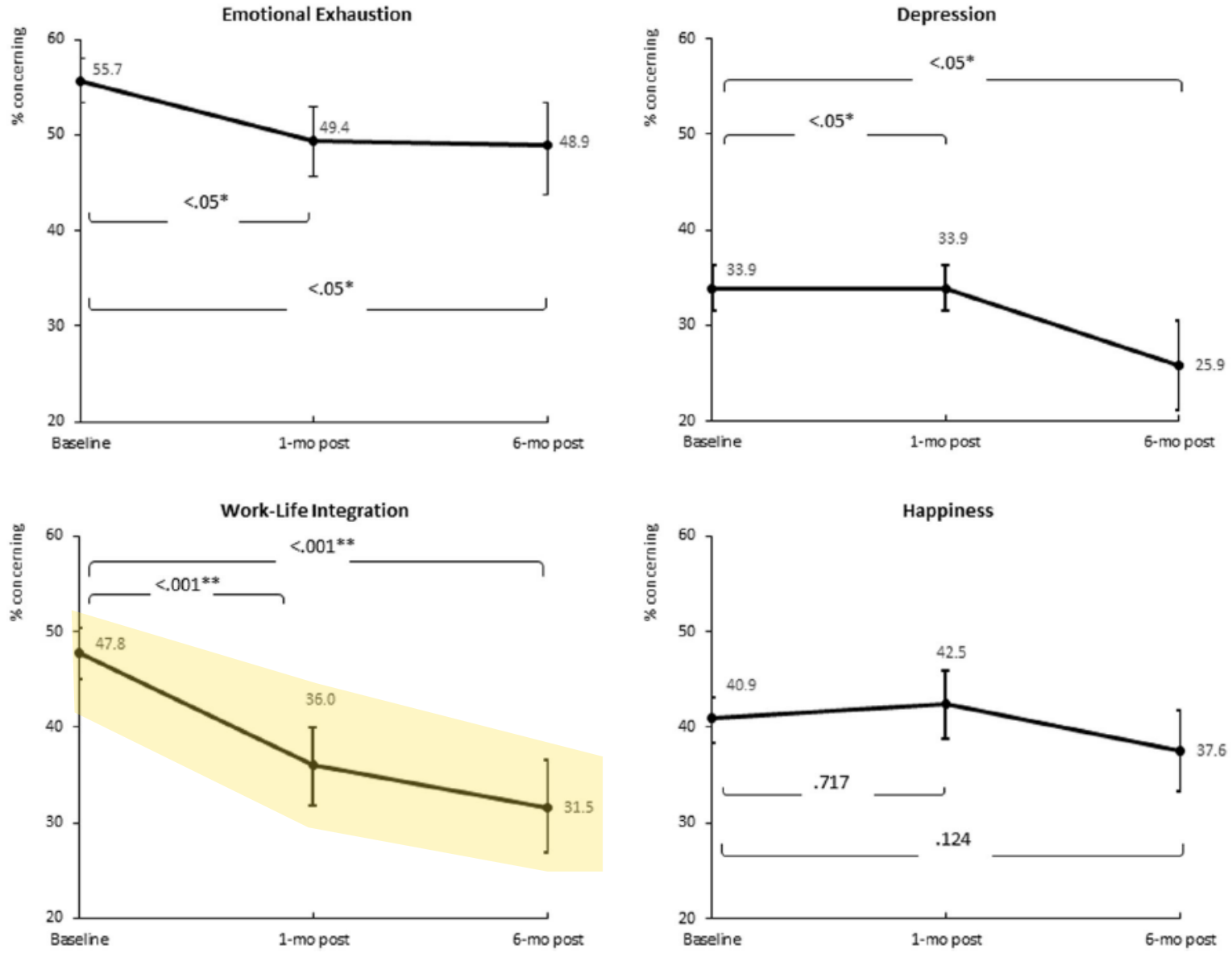


Fig. 2 Effect of WISER on the percent concerning scale. Statistical comparisons between combined cohort baseline to 1-month post and 6-month post provided in brackets.

Clinical Trials

Moving from a focus on ***suffering*** to a focus on ***thriving***...

Measuring resilience vs burnout

the **absence** of something bad

DOES NOT MEAN

the **presence** of something good

Two Pillars of Resilience

Resilience Items: **EMOTIONAL THRIVING**

I have a chance to use my strengths everyday at work.

I feel like I am thriving at my job.

I feel like I am making a meaningful difference at my job.

I often have something that I am looking very forward to at my job.

Resilience Items: **EMOTIONAL RECOVERY**

I always bounce back quickly after difficulties.

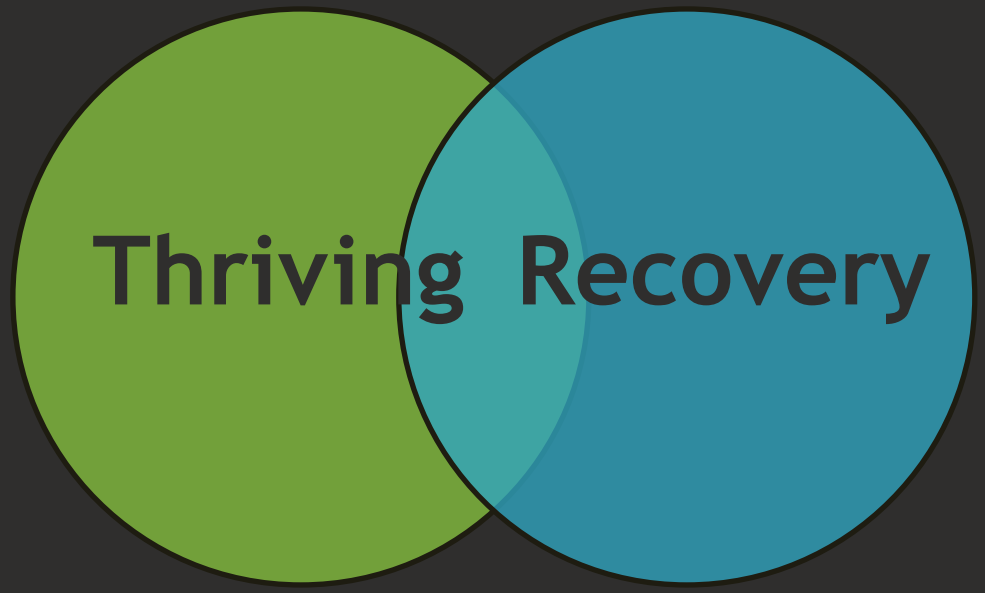
I always find a solution when something unforeseen happens.

I can adapt to events in my life that I cannot influence.

My mood reliably recovers after frustrations and setbacks.

Thriving
α=.89

Recovery
α=.89



r=.547

Overall α=.89

8: RMSA = .043, CFI: .986, TLI: .980, SRMR: .027


Burnout
(EE)
Happiness
Thriving
Recovery
WLB
Depression
Wellbeing
WELCOME TO
WELL-B

Session Summary

These well-being metrics are valid, responsive to interventions, and are related but distinct

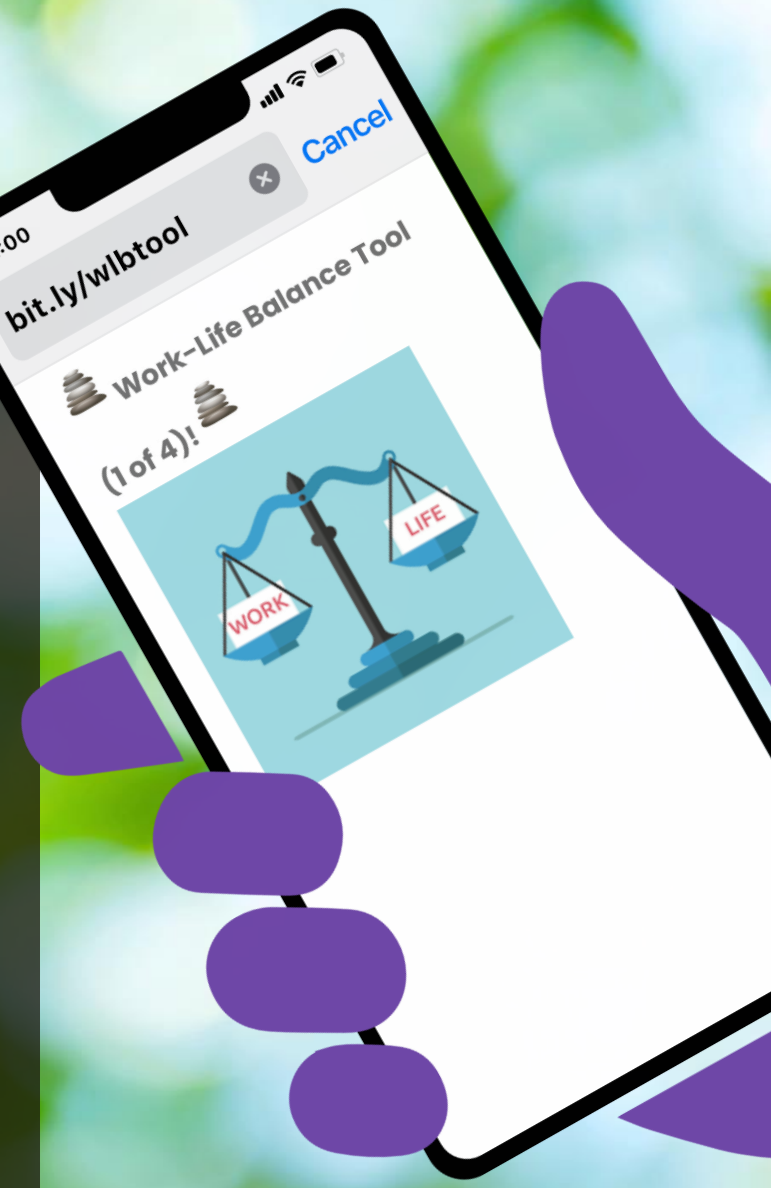
Social contagion of well-being/work-life balance

Impact of 4-day intervention on WLB and emotional exhaustion

Emotional exhaustion is good indicator of other well-being metrics

Reflects the “ability to do stuff”

Good well-being/WLB is harder for women



Things to do…

Finish bit.ly/wlbtool days 2-4

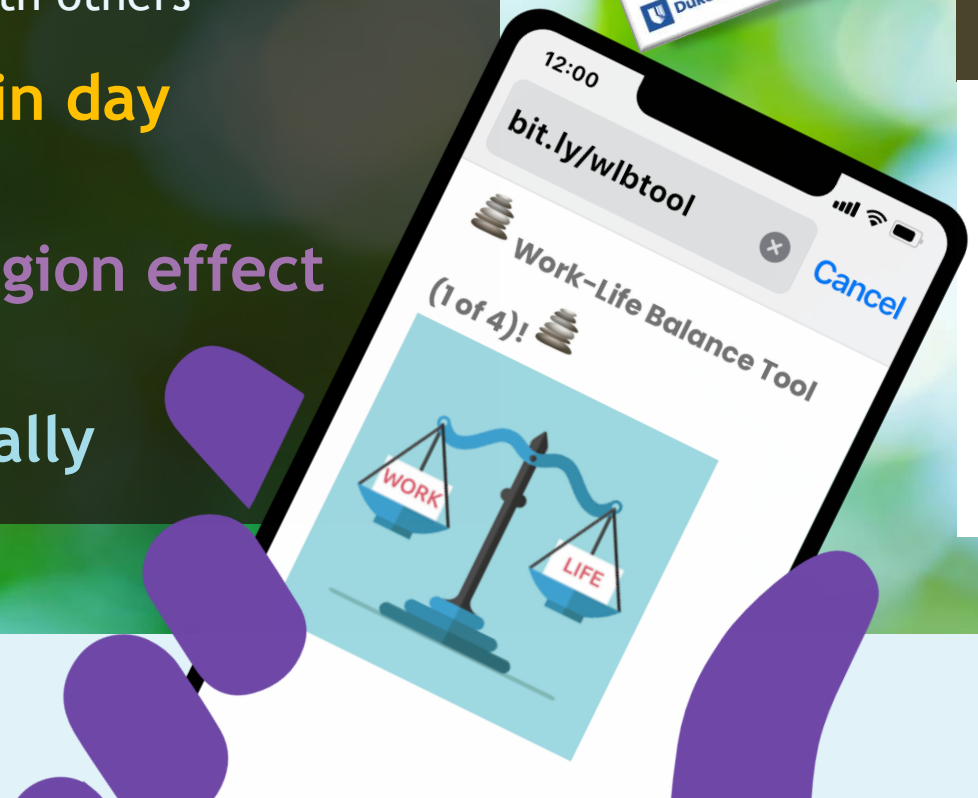
Talk about well-being with your colleagues
bring it up as part of check-ins

Explore your WLB
and be prepared to share your experiences with others

Tackle complicated tasks earlier in day
before your “willpower battery” is depleted

Model good WLB to use the contagion effect
taking breaks, eating lunch, leaving on time

Share the bit.ly/wlbtool flyer locally



hold your phone camera over QR code

Tool Flyer through Cont Ed link

Interested in learning about Well-being tools?

Enroll in the Work-life Balance Tool!

Pandemic exhaustion has caused big shifts in the way we prioritize our work and personal lives. The work-life balance tool is brief, provides feedback about your well-being, and was designed for healthcare workers.

- Takes 4 days, <3 minutes each day.
- Directs you to spend a few minutes reflecting your personal balance.

Participation can enhance your well-being, as well as the well-being of your coworkers and patients. Trying this simple activity will contribute to research on interventions for healthcare worker burnout.

To enroll:
bit.ly/wlbtool

or scan the QR code

@DukeHSQ

DukeHealth

Enduring Resources

(for Pausing & Reflecting)

Individual resources

bit.ly/joyreflections | 2 minutes | 8 days
Simple joys. Cultivate joy and playfulness.

bit.ly/awetool | 10 minutes | 2 days
Cultivate awe.

bit.ly/grattool | 10 minutes | 2 days
Cultivate gratitude.

bit.ly/start3ft | 2 minutes | 8 days
3 Funny Things. Cultivate humor.

bit.ly/wlbtool | 2 minutes | 4 days
Cultivate work-life balance.

bit.ly/fwdtool | 2 minutes | 8 days
Looking Forward. Cultivate hope.

bit.ly/inttool | 5 minutes | 3 days
Interest Tool. Cultivate engagement.

bit.ly/3goodminutes | 3 minutes | 8 days
3 Good Minutes. Cultivate mindfulness.

bit.ly/doortool | 10 minutes | 2 days
1 Door Closes, Another Opens. Cultivate perspective.

bit.ly/posfbtool | 3 minutes | 8 days
Positive Feedback. Cultivate the ability to uplift others.

bit.ly/kindtext | 3 minutes | 8 days
Cultivate kindness.

bit.ly/selfcomptool | 10 minutes | 2 days
Self-Compassion. Cultivate a kinder internal voice.

bit.ly/serenitytool | 2 minutes | 4 days
Serenity. Cultivate routines and rituals.

bit.ly/strengthstool | 3 minutes | 8 days
Signature Strengths. Cultivate your strengths.

bit.ly/sleeptool | 2 minutes | 8 days
Sleep Tool. Cultivate rest.

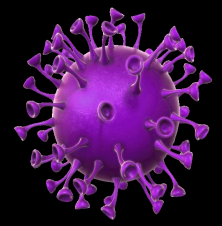
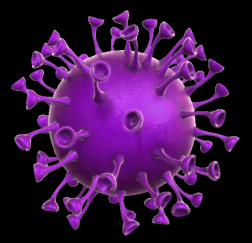
bit.ly/start3gt | 2 minutes | 15 days
3 Good Things. Cultivate your uplifts.

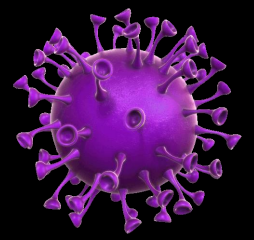
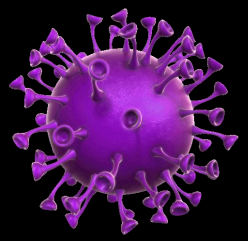
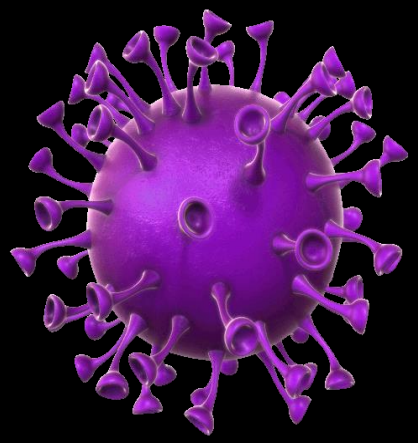
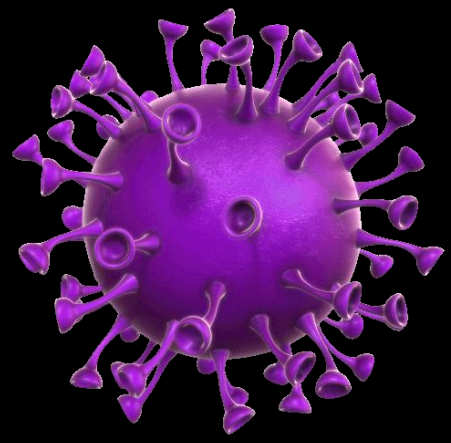
bit.ly/3wiser | 5-in-1 tool | 10 days
WISER. A sampler of multiple resilience tools.

bit.ly/storyburn | 20 minutes | 3 days
Your Burnout Story. Cultivate healing through reflective writing

www.hsq.dukehealth.org


WELCOME TO
WELL-B

How else can I help folks with well-being right now?

WELL-B Evidence-Based Pandemic Recovery Series For Healthcare Workers

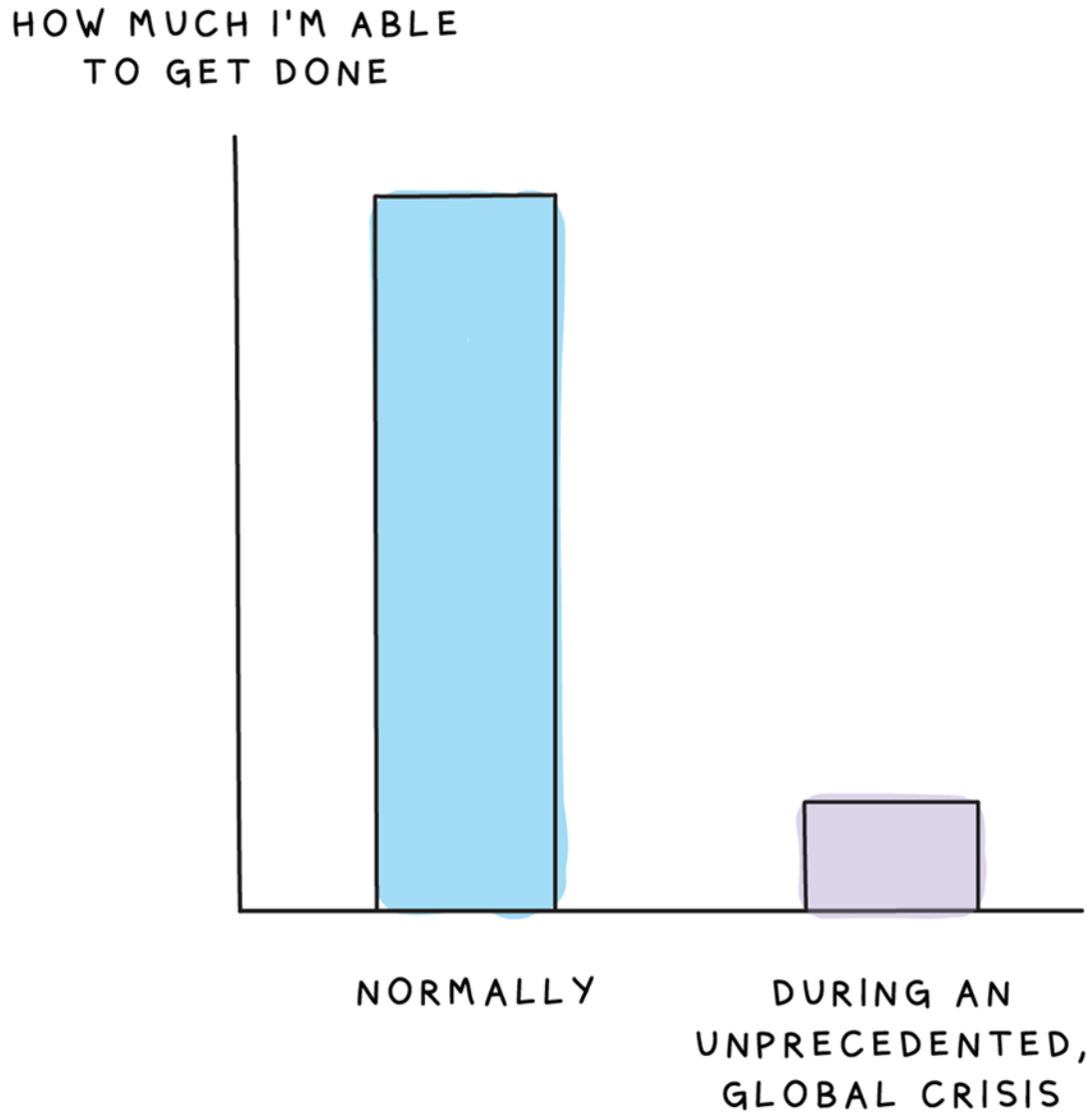
J. Bryan Sexton, PhD
Director, Duke Center for
Healthcare Safety and Quality
Duke University Health System

WELL-B Bite-sized Evidence-based Well-being Webinar Series

Duke Center for Healthcare Safety and Quality

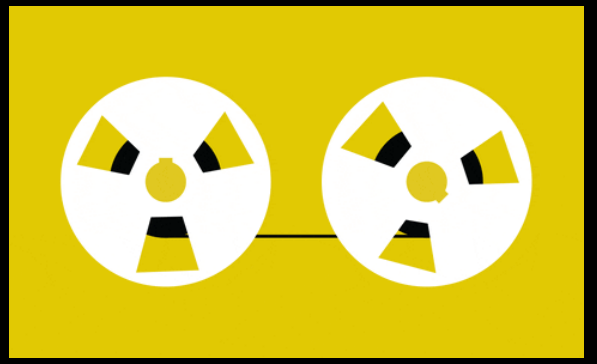
DukeHealth

We need bite-sized strategies

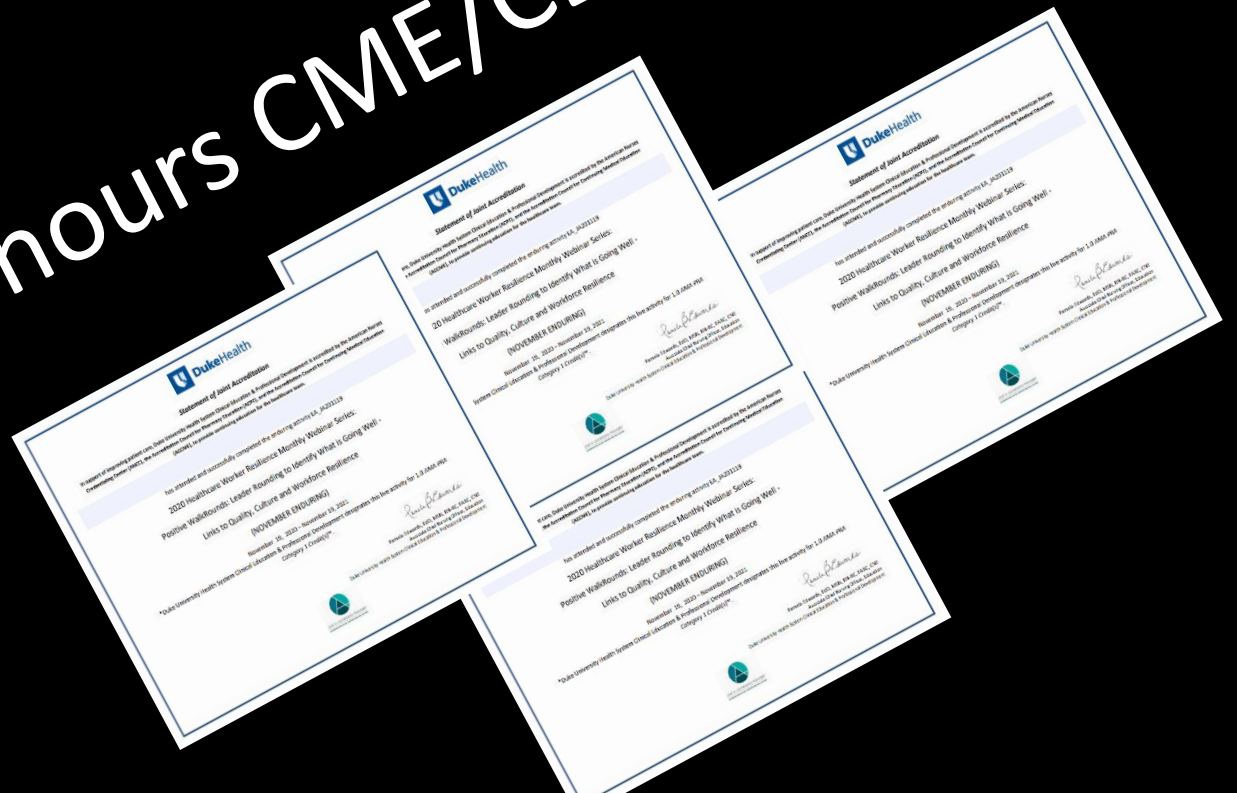


LIZ FOSSLIEN
@LIZANDMOLLIE

Recorded

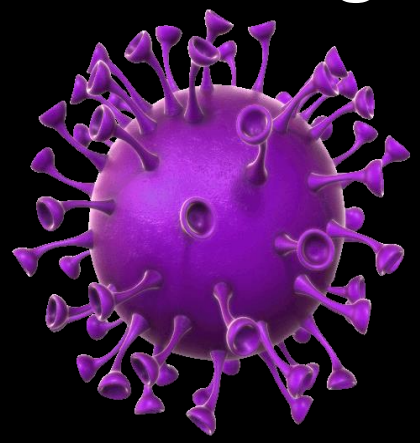


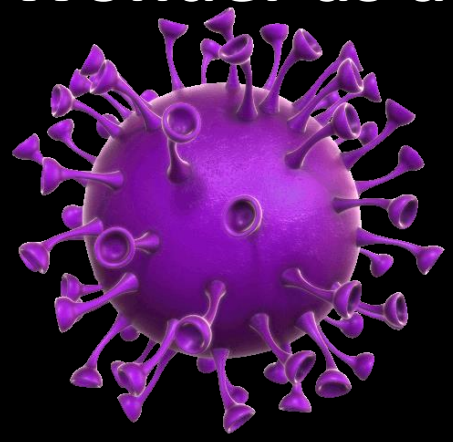
4 hours CME/CEU



Well-being Essentials for Learning Life-Balance (WELL-B)

- Work-Life Integration: Measuring & Understanding Health Care Worker Well-Being
- Gratitude as Easy Well-Being: New Science on an Old Practice
- The Voice in Your Head isn't Always Kind: Evidence-Based Self-Compassion
- Science of Wow: Cultivating Awe and Wonder as a Well-Being Strategy





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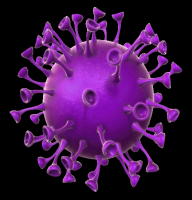
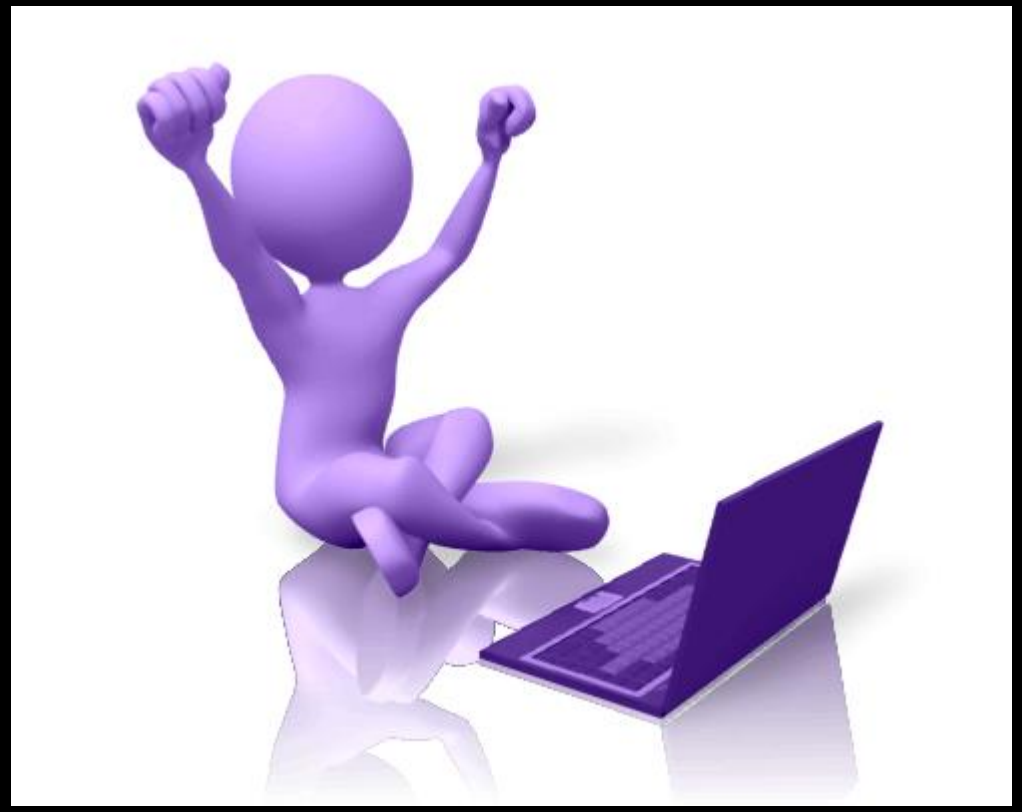


Cultivate Work-Life Balance bit.ly/wlbtool
Cultivate Gratitude bit.ly/grattool
Self Compassion Tool bit.ly/selfcomptool
Cultivate Awe bit.ly/awetool

Michigan Hospital Association March 2022 WELL-B Emotional Exhaustion **decreased** from 70.3% to 49.8%!



To enroll:

bit.ly/wellbduke

or scan QR code

RECHARGE FROM PANDEMIC EXHAUSTION

Join our bite-sized, evidence-based, well-being essentials series!

To enroll:
bit.ly/wellbduke
or scan the QR code

Open to every healthcare worker (clinical and non-clinical) on behalf of the Duke Center for Healthcare Safety and Quality.

Why?

Emotional exhaustion has never been higher in healthcare

Bite-sized strategies can significantly enhance your well-being, and through sharing, the well-being of your co-workers.

The 4 hours include our most popular well-being strategies on cultivating work-life balance, gratitude, self-compassion, and awe.

Give yourself 4 hours of well-being, or even better, do it with a friend.

Duke Center *for*
Healthcare Safety and Quality

Q & A

Oct 10-13 2022
4 hr essentials

bit.ly/wellbduke

Cont Ed Credit

bit.ly/hourwlb

bit.ly/wlbtool


POPCORN

What questions do you have?

TOOL | bit.ly/wlbtool

CONTINUING EDUCATION CREDIT | bit.ly/hourwlb

@JBryanSexton1

Domains of Resilience

Thriving

- Related to BMI
  (Higher scores = lower BMI)
- Joy / Interest / Hope / Gratitude
- When was the LAST time you took a vacation that was at least 7 days long?
- When is the NEXT time you plan to take a vacation that will be at least 7 days long?
- In the past month, I have missed work (for any reason).

Recovery

- Pride / Serenity / Hope / Gratitude / Awe
- In the past month, my activities have been restricted due to illness.
- In the past month, I have missed work (for any reason).
- Over the last month, what activities related to well-being have you engaged in (mark all that apply)?
  - ❑ Regular Exercise
  - ❑ Spent time with a close friend
  - ❑ Yoga
  - ❑ Meditation

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7 TYPES OF REST

Based on the TEDx talk by Saundra Dalton-Smith

Physical

PASSIVE Physical rest like **sleeping**

ACTIVE physical rest like **Yoga, stretching**

Mental

Schedule short breaks THROUGHOUT YOUR WORK DAY

Keep a notepad to jot down any nagging thoughts that keep you awake

Sensory

Simply try & **close your eyes** for a few minutes in the middle of the day.

Creative

allowing yourself to take in the

2 links

Tool

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