Avoiding Health Care Workforce Burnout

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Hospital Quality Institute

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Conflict of Interest Disclosure

Carrie Adair, PhD reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

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Presenter

Carrie Adair, PhD
Assistant Director of Well-being and Research
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Dr. Adair is a Social Psychologist by training with expertise in the areas of Healthcare Worker burnout and well-being. Her lines of research examine the psychology of well-being, tools to enhance resilience, institutional interventions to reduce and prevent burnout, well-being and safety culture metrics, interpersonal relationships, mindfulness, and improving safety culture.

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There are evidenced-based approaches
(bite-sized!) to improve well-being
(institutional and individual)

4

Well-Being Redefined:

The ability to "do stuff"

5

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.

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Burnout is associated with:

Lower quality of relationships/ marital satisfaction (Pines, Neal, & Hammer, 2011)

Traffic violations and accidents (Chung & Wu, 2013)

Shorter lifespan (Ahola et al., 2020)

Decreased immune system function (Mommersteeg, et al., 2006)

WLB / depression / PTSD / suicide (Sexton et al., 2017; Katsavouni, Bebetsos, & Beneka, 2016; Menon, Shanafelt, & Sinksky, 2020)

Personal injury (Leiter & Maslach, 2008)

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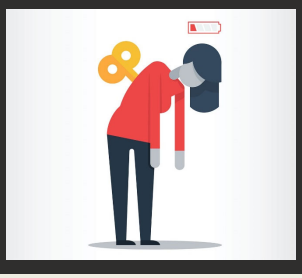
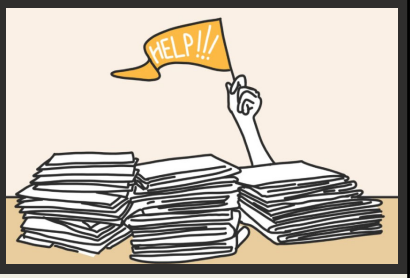
What is Burnout?

Emotional Exhaustion
Feelings of energy depletion/exhaustion or emotionally overextended

Reduced Personal Achievement
Feelings of inadequacy and failure



Depersonalization
Callousness, cynicism, feeling detached from work and others



Maslach & Jackson, 1981

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JAMA Network | Open

Original Investigation | Psychiatry

Emotional Exhaustion Among US Health Care Workers Before and During the COVID-19 Pandemic, 2019-2021

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD; Joshua Proulx, BSEE; Jochen Profit, MD; Xin Cui, PhD; Jon Bae, MD; Allan Frankel, MD

Abstract

IMPORTANCE Extraordinary strain from COVID-19 has neg
(HCW) well-being.

OBJECTIVE To determine whether HCW emotional exhaus
for which roles, and at what point.

DESIGN, SETTING, AND PARTICIPANTS This survey study
electronic survey administered in September 2019, Septem
January 2022. Participants included hospital-based HCWs in
administrative support) roles at 76 community hospitals within

EXPOSURES Safety, Communication, Organizational Reliability, Physician,
and Engagement (SCORE) survey domains of emotional exhaustion and en
exhaustion climate.

MAIN OUTCOMES AND MEASURES The percentage of respondents
exhaustion (%EE) in themselves and a climate of emotional exhausti
Survey items were answered on a 5-point scale from 1 (strongly dis
neutral or higher scores were counted as "percent concerning" fo

RESULTS Electronic surveys were returned by 37 187 (of 49 9
in 2020, and 31 475 (of 41 224) in 2021 to 2022 for overall re
76.4%, respectively. The overall sample comprised 107 122
frequently reported role (n = 43 918 [40.9%]). A total of
than 1 year at their facility, 59 226 (56.2%) reported 1 t
years or more. From September 2019 to September 2021 through January 2022, overall %EE
increased from 31.8% (95% CI, 30.0%-33.7%) to 40.4% (95% CI, 38.1%-42.8%), with a proportional
increase in %EE of 26.9% (95% CI, 22.2%-31.8%). Physicians had a decrease in %EE from 31.8%

oneself and in one's colleagues overall and for every role; nurses reported increases each year, but physicians reported decreases in 2020 followed by sharp increases in 2021. Exhaustion score clustering in work settings was suggestive of a social contagion effect of exhaustion.

Meaning These findings indicate that emotional exhaustion among health care workers, which was problematic before the pandemic, has become worse; increases in emotional exhaustion may jeopardize care quality and necessitate additional support for the workforce.

From September 2019 to September 2021, overall %EE increased from 31.8% to 40.4% with a proportional increase in %EE of 26.9%

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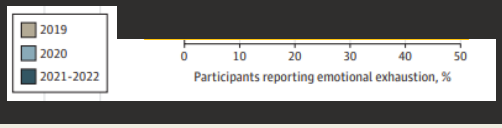

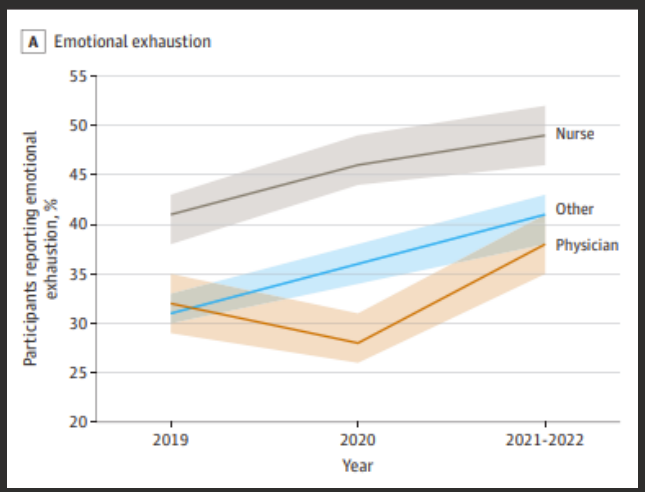

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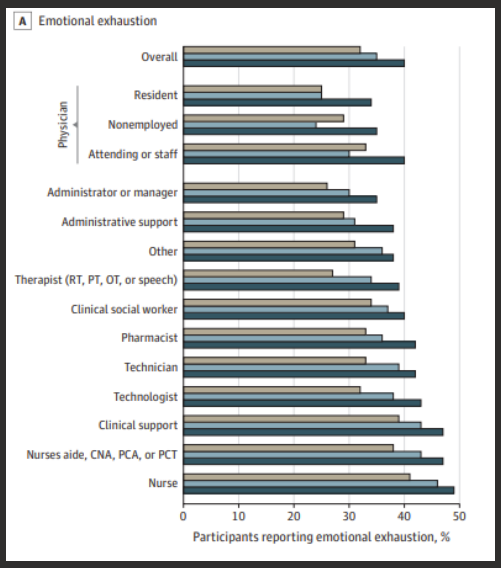

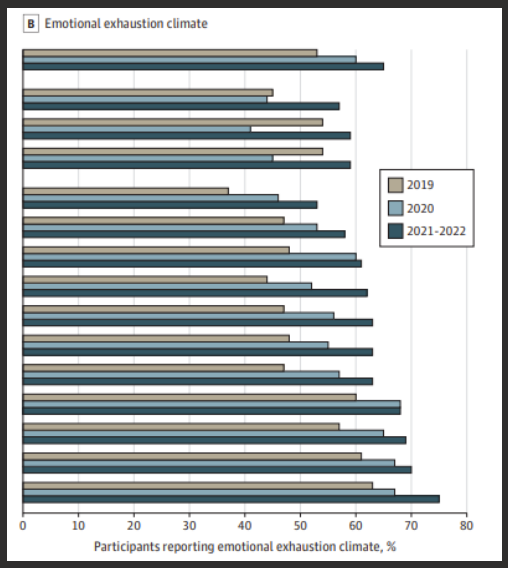

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5-item Validated Emotional Exhaustion Metric

Please answer the following items with respect to your specific work setting. Choose your responses using the scale below:

A(1)	B(2)	C(3)	D(4)	E(5)	X
Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable

Events in this work setting affect my life in an emotionally unhealthy way.	A	B	C	D	E	X
I feel burned out from my work.	A	B	C	D	E	X
I feel fatigued when I get up in the morning and have to face another day on the job.	A	B	C	D	E	X
I feel frustrated by my job.	A	B	C	D	E	X
I feel I am working too hard on my job.	A	B	C	D	E	X

Averages near:
3 ("C" or Neutral) considered mild burnout
4 ("D" or Agree Slightly) considered moderate burnout
5 ("E" or Agree Strongly) considered severe burnout

Sexton et al., 2017; Schwartz et al., 2018; Adair et al., 2018; Adair et al., 2020; Sexton et al., 2021; Adair et al., 2021; Adair et al., 2022

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Emotional Exhaustion Measurement Tool (5-items)

bit.ly/yearofwellbeing

- Available on the ***Resource Page***
- Your score and benchmarking
- For yourself or share link with others

Participants with higher EE at baseline had higher motivation to improve their well-being (*P*<.001) and were likely to report better EE a week later (*P*=.03; Adair et al., 2020).

Open source well-being metrics (Resilience: Thriving and Recovery; Psych Safety; and more): www.hsq.dukehealth.org

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https://www.hsq.dukehealth.org/publications/

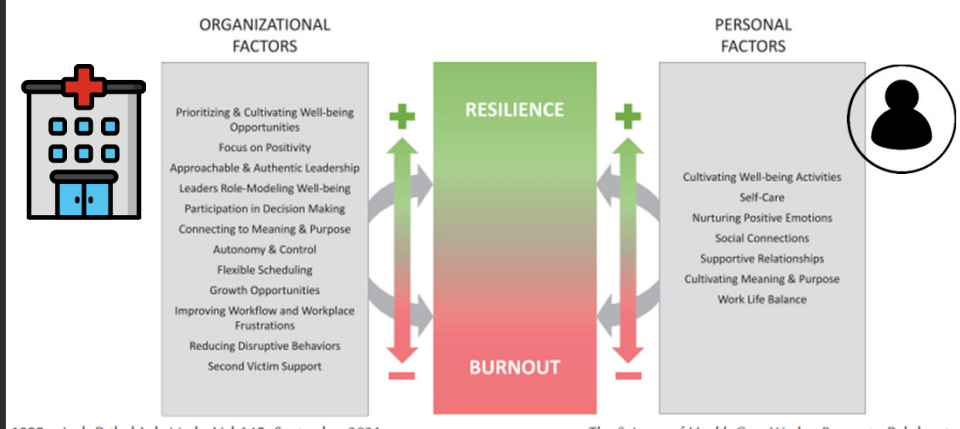

Figure 2. *Organizational and personal factors for burnout and resilience.*

1098 Arch Pathol Lab Med—Vol 145, September 2021 *The Science of Health Care Worker Burnout*—Rehder et al

Burnout is treatable!
We have research on what works

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What Causes Burnout? What Prevents it?

Causes

Overload:

- Excessive workloads; long hours, administrative burden
- Complex and critical patients

Unmet psychological needs:

- Lack of autonomy/control, organizational/leader support, not seen/heard/valued, moral injury

Workplace culture & environment

- Disruptive behaviors (violence, incivility, aggressions)
- "Badge of honor" culture/infallibility

Work-life imbalance; personal stressors

Prevention/Interventions

Overload:

- Good workflow/systems, reduce unnecessary meetings/task;
- Adequate staffing and resources; flex scheduling

Psychological needs met:

- Meaning/purpose in work
- Leadership support and visibility; autonomy given

Workplace culture & environment

- Strong teamwork and relationships
- Team members are valued, wins celebrated
- Well-being is part of the culture (PTO, breaks); resources provided
- Disruptive behaviors addressed

Supportive personal systems/people/resources

Shanafelt & Noseworthy, 2016; West et al., 2018; Rehder et al., 2021

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Positive Leader WalkRounds

The Joint Commission Journal on Quality and Patient Safety 2021; 000:1–9

Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD; Jochen Profit, MD; Jonathan Bae, MD; Kyle J. Rehder, MD; Tracy Gosselin, PhD, RN; Judy Milne, RN; Michael Leonard, MD; Allan Frankel, MD

Background: Interventions to decrease burnout and increase well-being in health care workers (HCWs) and improve organizational safety culture are urgently needed. This study was conducted to determine the association between Positive Leadership WalkRounds (PosWR), an organizational practice in which leaders conduct rounds and ask staff about what is going well, and HCW well-being and organizational safety culture.

Methods: This study was conducted in a large academic health care system in which senior leaders were encouraged to conduct PosWR. The researchers used data from a routine cross-sectional survey of clinical and nonclinical HCWs, which included a question about recall of exposure of HCWs to PosWR: "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.)?"—along with measures of well-being and safety culture. *T*-tests compared work settings in the first and fourth quartiles for PosWR exposure across SCORE (Safety, Communication, Operational Reliability, and Engagement) domains of safety culture and workforce well-being.

Results: Electronic surveys were returned by 10,627 out of 13,040 possible respondents (response rate 81.5%) from 396 work settings. Exposure to PosWR was reported by 63.1% of respondents overall, with a mean of 63.4% (standard deviation = 20.0) across work settings. Exposure to PosWR was most commonly reported by HCWs in leadership roles (83.8%). Compared to work settings in the fourth (< 50%) quartile for PosWR exposure, those in the first (> 88%) quartile revealed a higher percentage of respondents reporting good patient safety norms (49.6% vs. 69.6%, $p < 0.001$); good readiness to engage in quality improvement activities (60.6% vs. 76.6%, $p < 0.001$); good leadership accessibility and feedback behavior (51.9% vs. 67.2%, $p < 0.001$); good teamwork norms (36.8% vs. 52.7%, $p < 0.001$); and good work-life balance norms (61.9% vs. 68.9%, $p = 0.003$). Compared to the fourth quartile, the first quartile had a lower percentage of respondents reporting emotional exhaustion in themselves (45.9% vs. 32.4%, $p < 0.001$), and in their colleagues (60.5% vs. 47.7%, $p < 0.001$).

Conclusion: Exposure to PosWR was associated with better HCW well-being and safety culture.

- From your perspective, could you share three things that are going well in this work setting, and one thing that could be better?
- Is there anyone you would like to give a shout-out to today, and can you elaborate with specific examples?
- Are there any celebrations of success, in your opinion, that you could share?
- Who do you think deserves special recognition for going above and beyond in their role?

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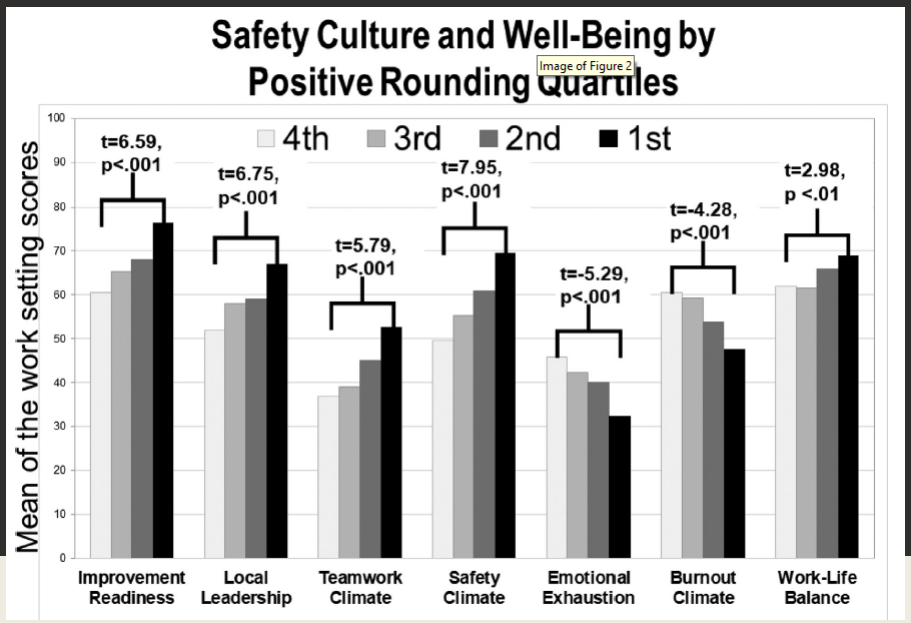
Positive Leader WalkRounds (cont.)



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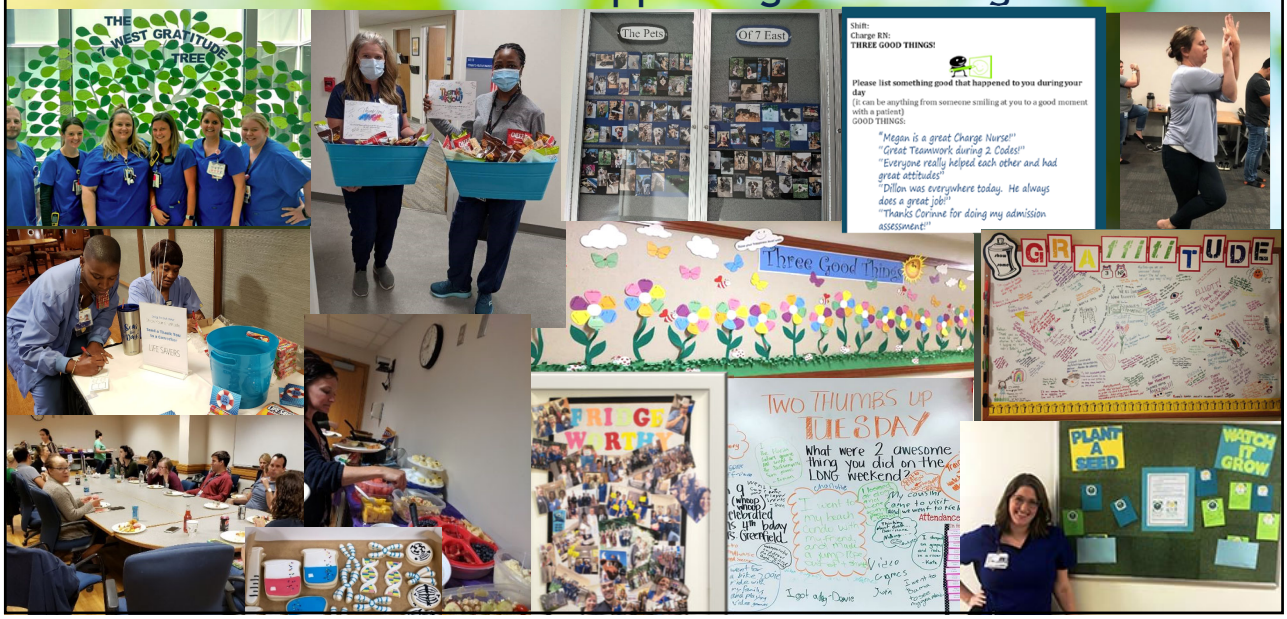
From "Badge of Honor" Cultures to "Cultures Supporting Well-being"



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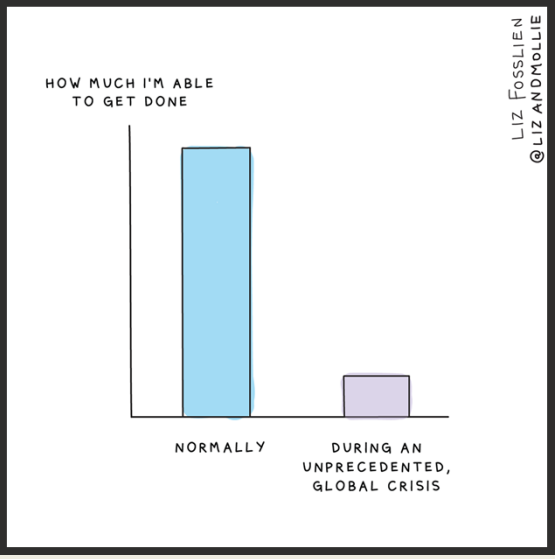
Individual Tools/Approaches

We also need bite-sized strategies



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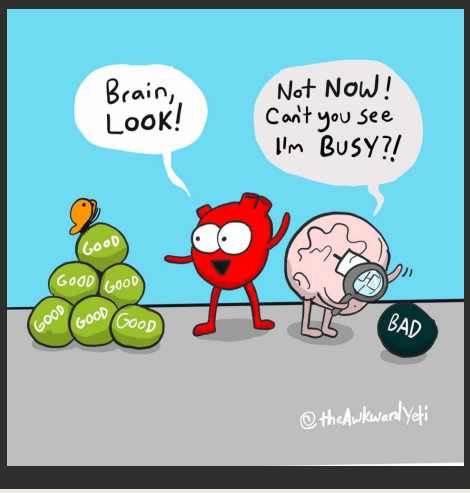
What well-being is up against:
The Negativity Bias



Negative emotions - Velcro

Positive emotions - Teflon

Psychological well-being is **fueled by Positive Emotions & Meaning/Purpose**

Frequency - not Magnitude - that matters

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Toxic Positivity

*Not ignoring the bad! - just being sure we also see the **good***

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19 Evidence-based NIH funded tools
bit.ly/grattool
Gratitude Letter
bit.ly/fwdtool
Looking Forward/Hope
bit.ly/start3gt
3 Good Things
bit.ly/4wiser
3 Funny Things
bit.ly/joyreflections
Simple Joys
bit.ly/selfcomptool
Self-compassion
bit.ly/3goodminutes
Mindfulness
NIH
NICHD
Duke Center for Healthcare Safety and Quality
All Tools: www.hsq.dukehealth.org/tools
WISER

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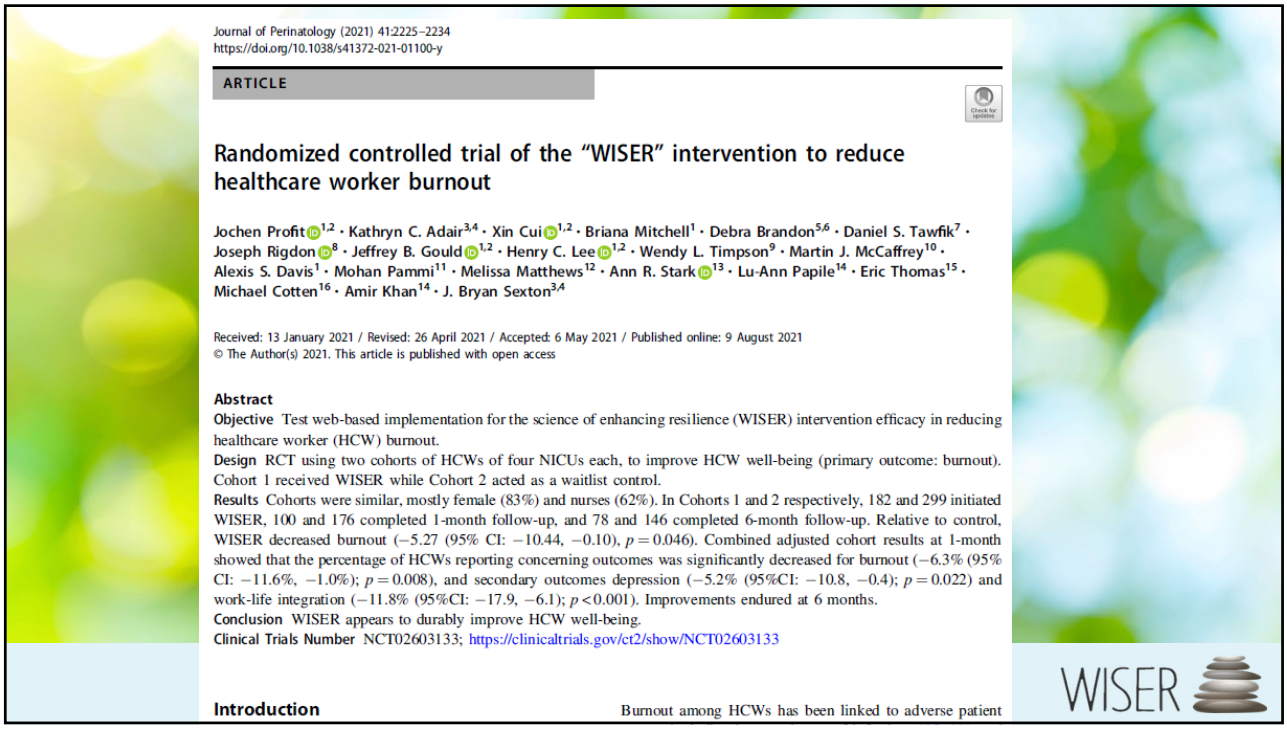
Journal of Perinatology (2021) 41:2225–2234
https://doi.org/10.1038/s41372-021-01100-y
ARTICLE
Randomized controlled trial of the "WISER" intervention to reduce healthcare worker burnout
Jochen Profit[1,2] · Kathryn C. Adair[3,4] · Xin Cui[1,2] · Briana Mitchell[1] · Debra Brandon[5,6] · Daniel S. Tawfik[7] · 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 / Published online: 9 August 2021
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Abstract
Objective Test web-based implementation for the science of enhancing resilience (WISER) intervention efficacy in reducing healthcare worker (HCW) burnout.
Design RCT using two cohorts of HCWs of four NICUs each, to improve HCW well-being (primary outcome: burnout). 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 initiated WISER, 100 and 176 completed 1-month follow-up, and 78 and 146 completed 6-month follow-up. Relative to control, WISER decreased burnout (−5.27 (95% CI: −10.44, −0.10), $p = 0.046$). Combined adjusted cohort results at 1-month showed that the percentage of HCWs reporting concerning outcomes was significantly decreased for burnout (−6.3% (95% CI: −11.6%, −1.0%); $p = 0.008$), and secondary outcomes depression (−5.2% (95%CI: −10.8, −0.4); $p = 0.022$) and 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
Introduction
Burnout among HCWs has been linked to adverse patient
WISER

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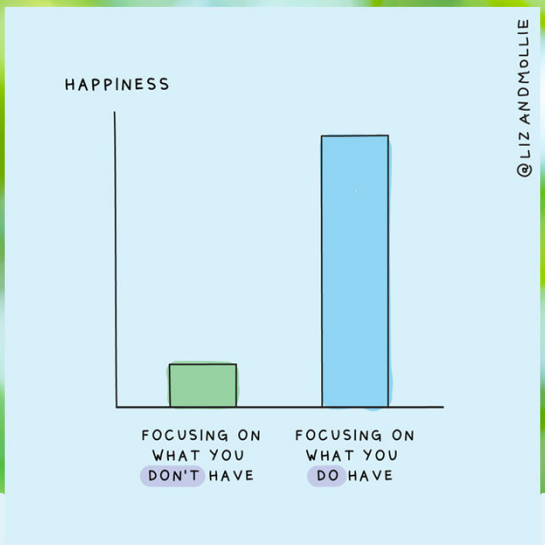
Three Good Things



Our most popular and researched tool

WISER

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	What went well today, and what was your role in making it happen.	Which one of the following positive emotions best fits how this good thing makes you feel.
Good Thing #1	Received a compliment from a colleague.	Pride
Good Thing #2	Beautiful sunset on the drive home.	Awe
Good Thing #3	Made my daughter laugh this morning. That sound always brightens my heart.	Amusement

Amusement
Awe
Gratitude
Inspiration
Interest
Joy
Hope
Love
Pride
Serenity
Other
Not Applicable

0% 100%

>>

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics

WISER

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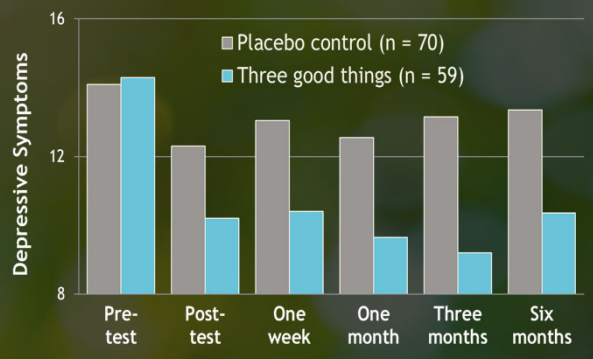
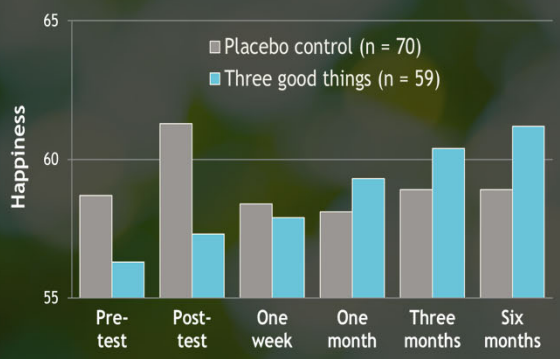
Three Good Things - Prior Randomized Control Design





Seligman, Steen, Park & Peterson, 2005

WISER

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Open access Research

BMJ Open

Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work–life balance and happiness

J Bryan Sexton,[1,2] Kathryn C Adair[1]

To cite: Sexton JB, Adair KC. Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work–life balance and happiness. *BMJ Open* 2019;**9**:e022695. doi:10.1136/bmjopen-2018-022695

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2018-022695).

Received 2 March 2018

ABSTRACT

Objectives High rates of healthcare worker (HCW) burn-out have led many to label it an 'epidemic' urgently requiring interventions. This prospective pilot study examined the efficacy, feasibility and evaluation of the 'Three Good Things' (3GT) intervention for HCWs, and added burn-out and work–life balance to the set of well-being metrics.

Methods 228 HCWs participated in a prospective, repeated measures study of a web-based 15-day long 3GT intervention. Assessments were collected at baseline and 1, 6 and 12-month post-intervention. The primary measure of efficacy was a derivative of the emotional exhaustion subscale of the Maslach Burnout Inventory. The secondary measures were validated instruments assessing depression symptoms, subjective happiness, and work–life balance. Paired samples t-tests and Cohen's d effect sizes for correlated samples were used to examine the efficacy

The Journal of Positive Psychology

Dedicated to furthering research and promoting good practice

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/rpos20

Three Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across three distinct interventions

Kathryn C. Adair , Lindsay A. Kennedy & J. Bryan Sexton

To cite this article: Kathryn C. Adair , Lindsay A. Kennedy & J. Bryan Sexton (2020) Three Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across three distinct interventions, The Journal of Positive Psychology, 15:5, 613-622, DOI: 10.1080/17439760.2020.1789707

To link to this article: https://doi.org/10.1080/17439760.2020.1789707

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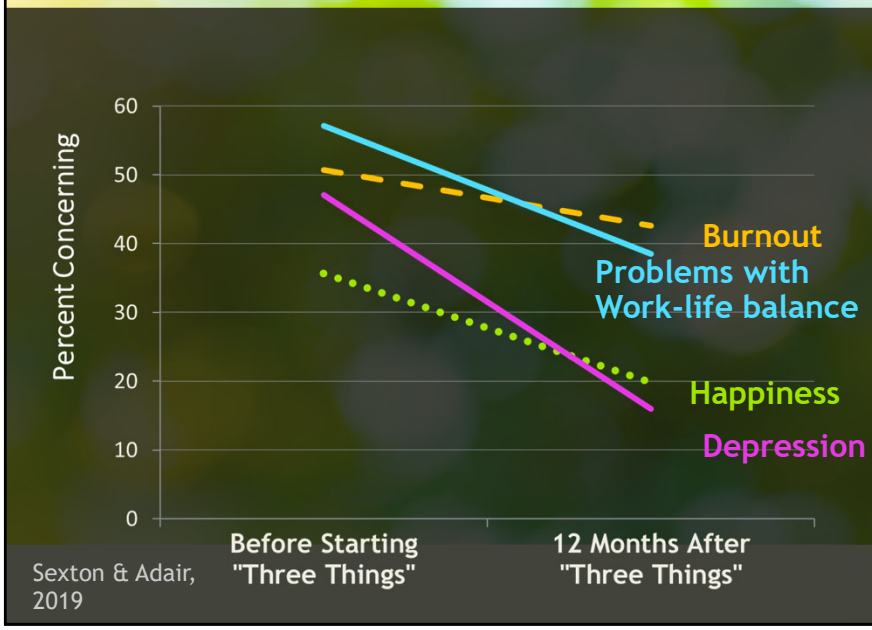
Percent Concerning After 3 Good Things



Sexton & Adair, 2019

3GT enhances your ability to see the positive that is there

"I probably wouldn't have noticed or appreciated that 'good thing', except my mind was primed to look for the good. I thought "oh that could be one of my 3 good things tonight!"

"I had a really terrible day, but I was still able to think of 3 good things that happened. That drastically shifted how I felt."

WISER

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In pairs for 5 minutes (2.5 mins each) take turns sharing:

What's one good thing so far this week?

5:00

WISER

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Noticing and appreciating the 'good stuff' is a muscle we can **strengthen for our well-being**

WISER

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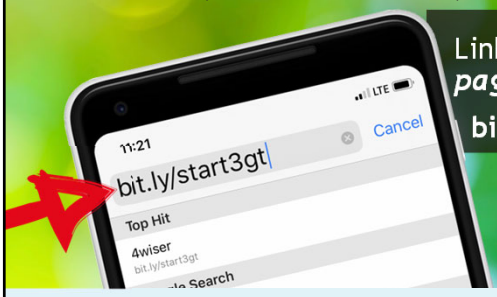
Sign-up for 3 Good Things

- 3GT is on demand (start anytime)
- Choose email or text format – receive pings in evening
- 15 days of 3GT (evening txt or email, with check-ins
- Can do tool without being a part of the research (decline consent)



Link is on ***Resource page:***

bit.ly/start3gt

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"I have come to believe that caring for myself is not self indulgent. Caring for myself is an act of survival."

- Audre Lorde

Self-Compassion

WISER

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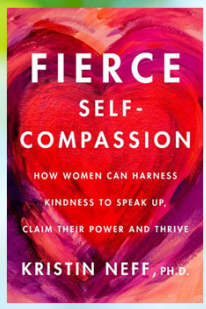
What Do We Mean by **Self-Compassion**?

- Self-compassion is acknowledging one's own suffering and treating it with with compassion.
- Caring for ourselves as we would care for someone we truly love.



Kristin Neff, *Self-Compassion*, 2011

WISER

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Why Self-Compassion: Research Summary

Self-Compassion brings about…

- Increases in:
  - Life satisfaction
  - Happiness
  - Self-confidence
  - Optimism
  - Curiosity
  - Creativity
  - Gratitude
- Reductions in:
  - Anxiety
  - Depression
  - Stress
  - Rumination
  - Perfectionism
  - Body shame
  - Fear of failure

With SC we are better able to make positive changes in our lives.

Barnard & Curry, 2011; Neff, 2012, 2010, 2009, 2008, 2003

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3 Components of Self-Compassion

Self-Kindness

Understanding, not punishing

Sense of Common Humanity/ Connectedness

Everybody goes through this

Mindfulness

Neither ignoring nor exaggerating feelings of failure

Kristin Neff, *Self-Compassion*, 2011

WISER

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If I'm Self-compassionate I'm Not Going to be Motivated to Improve!

Self-Compassion Increases Self-Improvement Motivat

Personality and Social Psychology Bulletin 38(9) 1133–1143

Juliana G. Breines[1] and Serena Chen[1]

Abstract

Can treating oneself with compassion after making a mistake increase motivation? In four experiments, the authors examined the hypothesis that self-compassion motivates personal weaknesses, moral transgressions, and test performance. Participants in a self-compassion condition compared to a self-esteem control condition and either no intervention or a positive distraction control condition greater incremental beliefs about a personal weakness (Experiment 1); reported greater motivation to make and avoid repeating a recent moral transgression (Experiment 2); spent more time studying for a difficult test following an initial failure (Experiment 3); exhibited a preference for upward social comparison after reflecting on a personal weakness (Experiment 4); and reported greater motivation to change the weakness (Experiment 4). These findings suggest that, somewhat paradoxically, taking an accepting approach to personal

self-compassion, self-improvement, motivation, effort, self-esteem

Participants randomized to self-compassion condition were more motivated to improve themselves and took more self-improvement actions.

- Motivation resulting from self-criticism comes from fear of not being good enough
- Motivation resulting from SC comes from a desire for health and well-being

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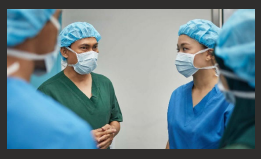
Things to do to Build Team Self-compassion

- Model vulnerability (esp. leaders)
- Discuss mistakes as learning opportunities
- Increase psychological safety
- Talk about well-being; raise awareness of resources
- Model and support well-being behaviors (breaks, lunch, using PTO)
- Peer Support
- Engage in team well-being behaviors ("1 Good Thing" during huddles; free Duke WELL-B course as team)



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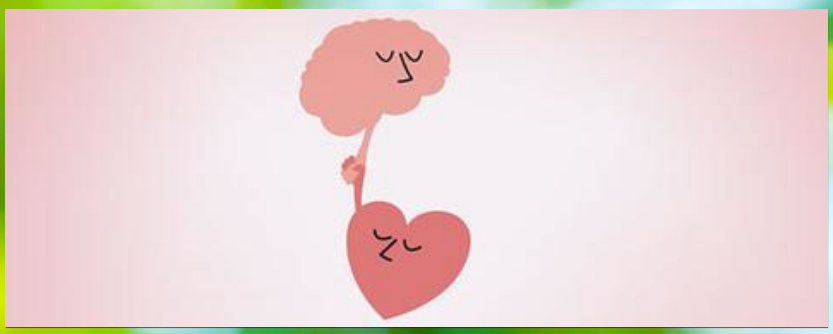
Practice



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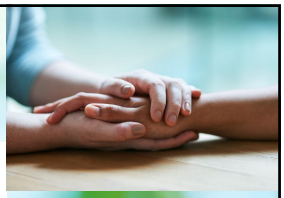
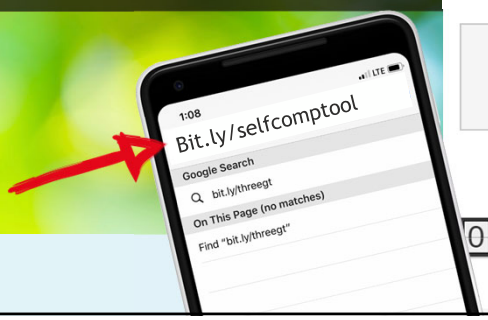
Self-Compassion Tool



bit.ly/selfcomptool

- Self-compassion letter
- 2-day tool
- Delivered via email (pm)

Next, imagine someone who is *unconditionally loving, accepting, and supportive* of you. The friend accepts and forgives you, embracing you just as you are.
Now write a letter *to yourself about this aspect of yourself from the perspective of this kind friend*. How does this friend encourage and support you?
In the space below, spend 5-7 minutes writing this letter. Let the words flow, and don't stress about structure or phrasing.



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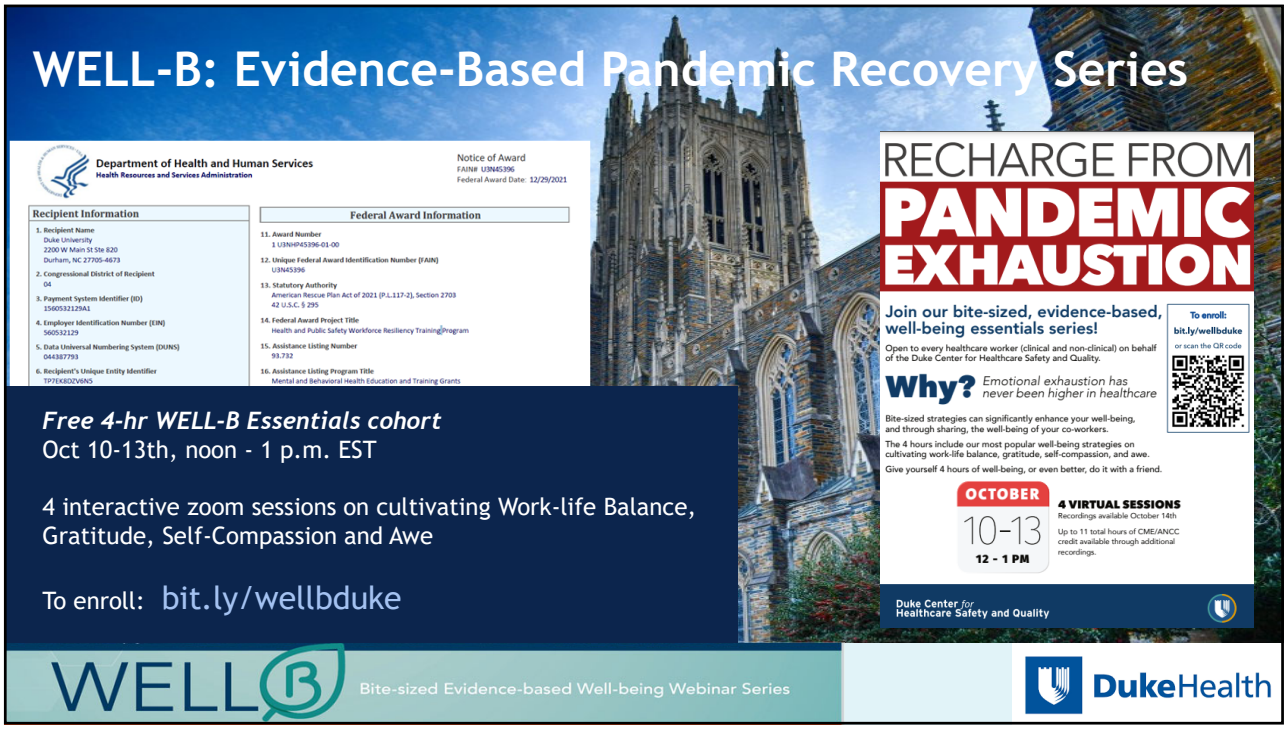
WELL-B: Evidence-Based Pandemic Recovery Series
Department of Health and Human Services
Health Resources and Services Administration
Notice of Award
FAIN# U3N45396
Federal Award Date: 12/29/2021
Recipient Information
1. Recipient Name
Duke University
2200 W Main St Ste 820
Durham, NC 27705-4673
2. Congressional District of Recipient
04
3. Payment System Identifier (ID)
1560532129A1
4. Employer Identification Number (EIN)
560532129
5. Data Universal Numbering System (DUNS)
044387793
6. Recipient's Unique Entity Identifier
TP7EK8DZV6N5
Federal Award Information
11. Award Number
1 U3NHP45396-01-00
12. Unique Federal Award Identification Number (FAIN)
U3N45396
13. Statutory Authority
American Rescue Plan Act of 2021 (P.L.117-2), Section 2703
42 U.S.C. § 295
14. Federal Award Project Title
Health and Public Safety Workforce Resiliency Training Program
15. Assistance Listing Number
93.732
16. Assistance Listing Program Title
Mental and Behavioral Health Education and Training Grants
Free 4-hr WELL-B Essentials cohort
Oct 10-13th, noon - 1 p.m. EST
4 interactive zoom sessions on cultivating Work-life Balance, Gratitude, Self-Compassion and Awe
To enroll: bit.ly/wellbduke
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Join our bite-sized, evidence-based, well-being essentials series!
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.
To enroll:
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OCTOBER
10-13
12 - 1 PM
4 VIRTUAL SESSIONS
Recordings available October 14th
Up to 11 total hours of CME/ANCC credit available through additional recordings.
Duke Center for Healthcare Safety and Quality
WELL-B
Bite-sized Evidence-based Well-being Webinar Series
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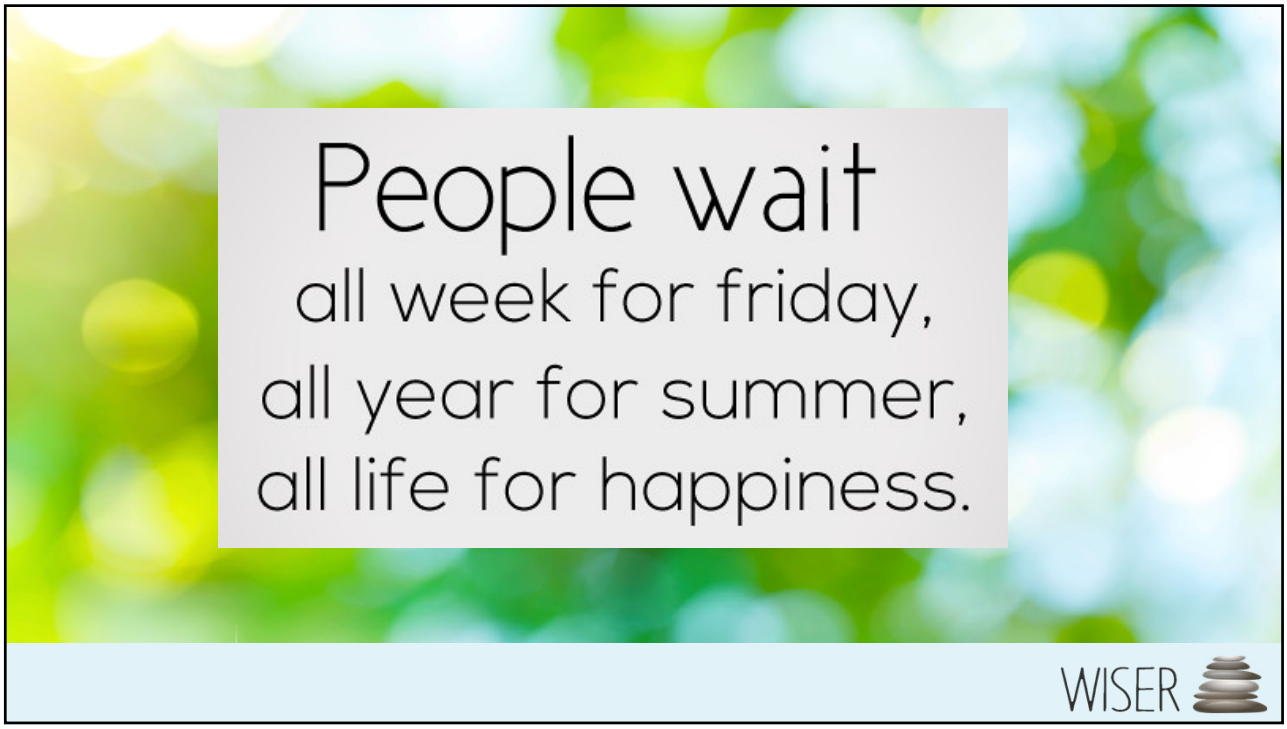
People wait
all week for friday,
all year for summer,
all life for happiness.
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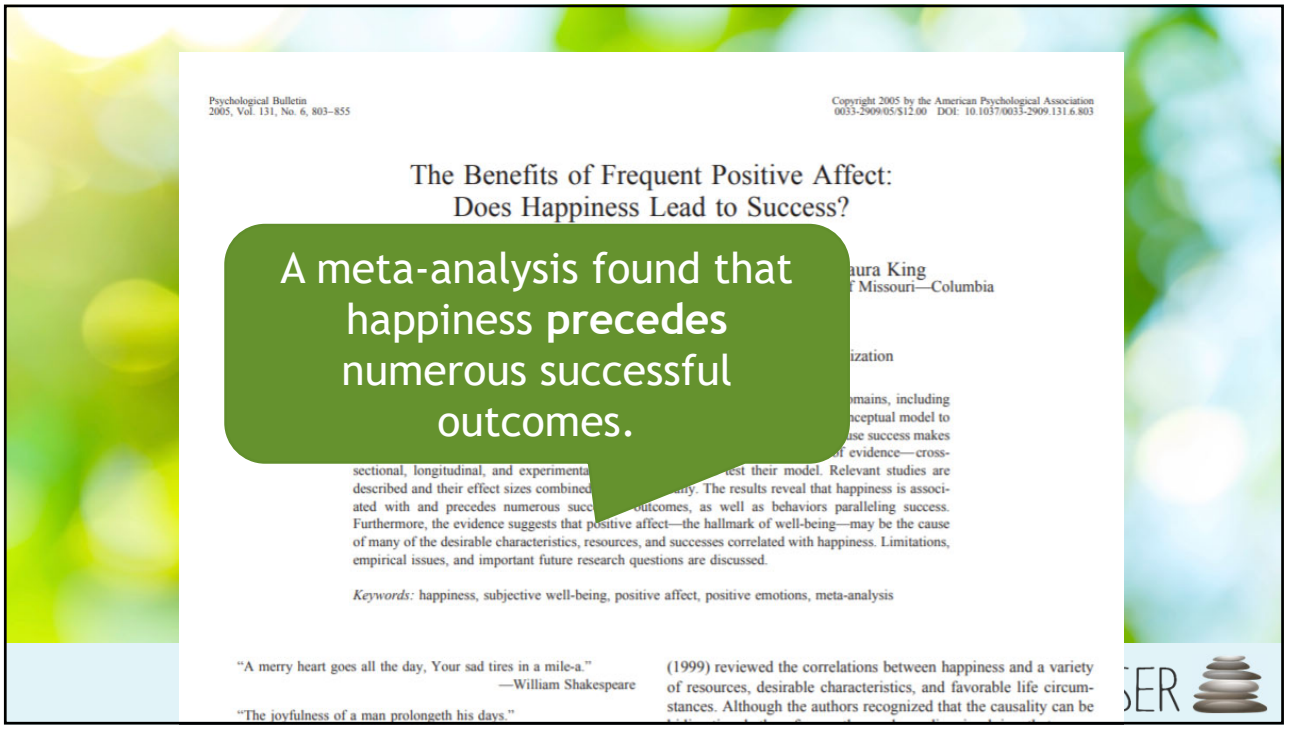
Psychological Bulletin
2005, Vol. 131, No. 6, 803–855
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0033-2909/05/$12.00 DOI: 10.1037/0033-2909.131.6.803
The Benefits of Frequent Positive Affect:
Does Happiness Lead to Success?
A meta-analysis found that happiness precedes numerous successful outcomes.
"A merry heart goes all the day, Your sad tires in a mile-a."
—William Shakespeare
"The joyfulness of a man prolongeth his days."
(1999) reviewed the correlations between happiness and a variety of resources, desirable characteristics, and favorable life circumstances. Although the authors recognized that the causality can be

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Thank you
Questions?
All Bite-sized Tools – On demand
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Free October course
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For open-source well-being metrics, course info, and more:
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