

2023

HQI and Hospital Council

ANNUAL CONFERENCE

LAKE TAHOE

Workforce Resilience with Dr. Bryan Sexton, followed by CEO Panel

J. Bryan Sexton, PhD

Director, Duke Center for the Advancement of Well-being Science
Duke University Health System



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WELL-B Evidence-Based Pandemic Recovery Series For Health Care Workers

J. Bryan Sexton, PhD

Director

Duke Center for the Advancement of Well-being Science
Duke University Health System



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WELL 

2

Article

Biological age is increased by stress and restored upon recovery

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<https://doi.org/10.1016/j.cmet.2023.03.015>

SUMMARY

Aging is classically conceptualized as an ever-increasing trajectory of damage accumulation and loss of function, leading to increases in morbidity and mortality. However, recent *in vitro* studies have raised the possibility of age reversal. Here, we report that biological age is fluid and exhibits rapid changes in both directions. At epigenetic, transcriptomic, and metabolomic levels, we find that the biological age of young mice is increased by heterochronic parabiosis and restored following surgical detachment. We also identify transient changes in biological age during major surgery, pregnancy, and severe COVID-19 in humans and/or mice. Together, these data show that biological age undergoes a rapid increase in response to diverse forms of stress, which is reversed following recovery from stress. Our study uncovers a new layer of aging dynamics that should be considered in future studies. The elevation of biological age by stress may be a quantifiable and actionable target for future interventions.

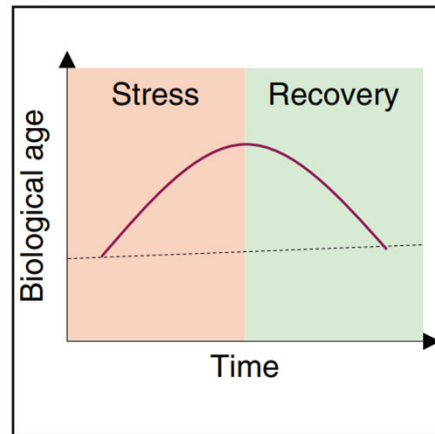
INTRODUCTION

The biological age of organisms is thought to steadily increase over the life course. However, it is now clear that biological age is not indelibly linked to chronological age; individuals can be biologically older or younger than their chronological age implies.¹ Moreover, increasing evidence in animal models and humans indicates that biological age can be influenced by disease,² drug treatment,³ lifestyle changes,⁴ and environmental exposures,⁵ among other factors. Despite the widespread acknowledgment that biological age is at least somewhat malleable, the extent to which biological age undergoes reversible changes throughout life, and the events that trigger such changes remain unknown.

Such epigenetic aging clocks were innovated based on the observation that methylation levels of various subsets of CpG sites throughout the genome predictably change over the course of chronological age. First-generation human DNAm clocks^{6–8} are constructed using machine learning approaches to build models trained on and designed to predict chronological age. Since the advent of DNAm clocks, both a suite of mouse DNAm clocks^{9,10} and second-generation human DNAm clocks^{11,12} have emerged. Second-generation human DNAm clocks integrate numerous phenotypic measures of aging (and, in some instances, chronological age) to produce a measure of morbidity/mortality risk and biological age. Another recently reported second-generation approach, called DunedinPACE, uses longitudinal phenotypic training data to produce a measure of the rate of biological aging.^{13,17} DNAm clocks have excellent predictive ability and are responsive to known anti-aging/lifespan extending interventions

Cell Metabolism 35, 1–14, May 2, 2023 © 2023 Elsevier Inc. 1

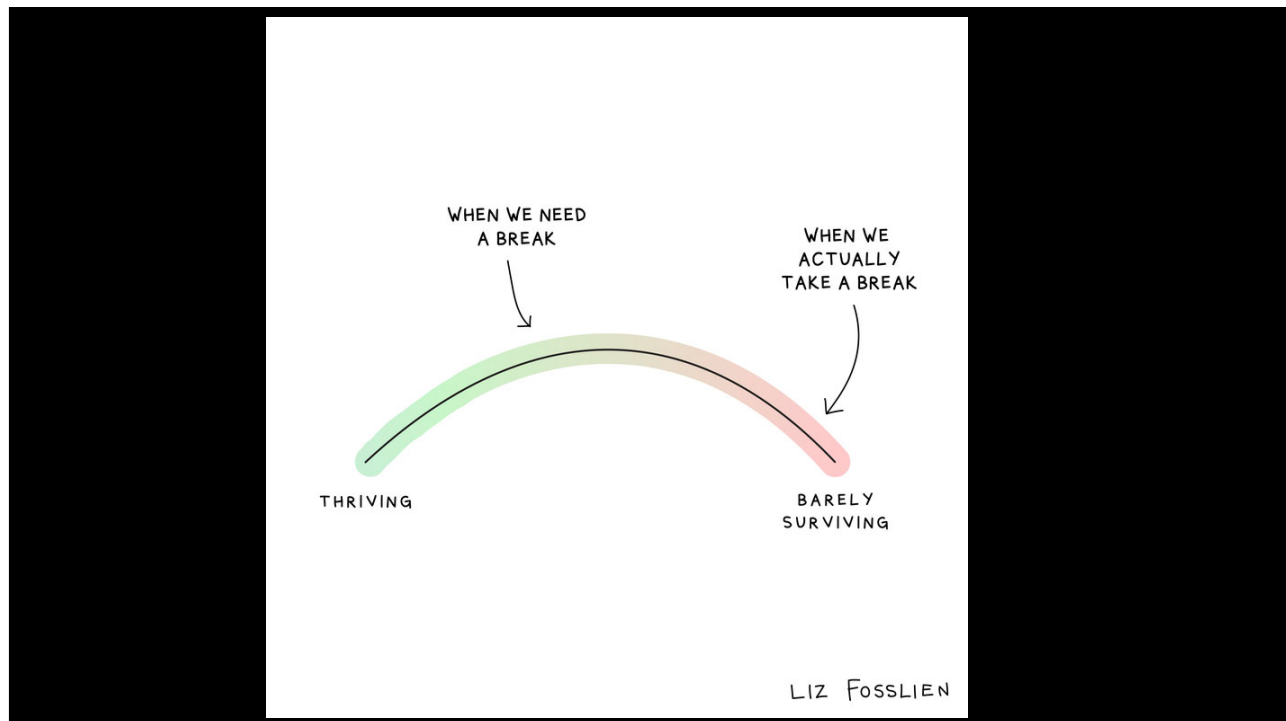
Graphical abstract



Highlights

- Biological age undergoes rapid fluctuations in mice and humans
- Severe stress induces increases in biological age that are reversed upon recovery
- Parabiosis, surgery, pregnancy, and COVID-19 transiently elevate biological age
- Biological age recovery rate may predict gerotherapeutics

3



4

Well-Being Redefined

The ability to “do stuff”



5

Burnout is associated with:

Infections

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

Higher Standardized Mortality Ratios

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

Lower Patient Satisfaction

Aiken et al. BMJ 2012;344: e1717
Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): I157-I166.

Medication Errors

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



6

We have data from 30,000 health care workers in:
 Sept 2019
 Sept 2020
 Sept 2021/Jan 2022

<https://ja.ma/3EoH6Om>

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

J. Bryan Seaton, PhD, Kathryn C. Adair, PhD, Joshua Probst, BSCE, Jochen Proff, MD, Xin Cui, PhD, Jun Bai, MD, Allen Franklin, MD

Abstract

IMPORTANCE Extraordinary strain from COVID-19 has negatively impacted health care worker (HCW) well-being.

OBJECTIVE To determine whether HCW emotional exhaustion has increased during the pandemic, for which roles, and at what point.

DESIGN, SETTING, AND PARTICIPANTS This survey study was conducted in 3 waves, with an electronic survey administered in September 2019, September 2020, and September 2021 through January 2022. Participants included hospital-based HCWs in clinical and nonclinical (eg, administrative support) roles at 76 community hospitals within 2 large health care systems in the US.

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

MAIN OUTCOMES AND MEASURES The percentage of respondents reporting emotional exhaustion (N-EE) in themselves and a climate of emotional exhaustion (N-EEclim) in their colleagues. Survey items were answered on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree); neutral or higher scores were counted as "percent concerning" for exhaustion.

RESULTS Electronic surveys were returned by 27 187 (of 49 936) HCWs in 2019, 38 460 (of 45 268) in 2020, and 31 425 (of 41 224) in 2021 to 2022 for overall response rates of 74.5%, 85.0%, and 76.4%, respectively. The overall sample comprised 102 122 completed surveys. Nursing was the most frequently reported role (n = 43 918 [40.9%]). A total of 17 786 respondents (16.9%) reported less than 1 year at their facility, 59 226 (56.2%) reported 1 to 10 years, and 28 337 (26.9%) reported 11 years or more. From September 2019 to September 2021 through January 2022, overall N-EE increased from 31.8% (95% CI, 30.0%-33.7%) to 40.4% (95% CI, 38.7%-42.8%), with a proportional increase in N-EE of 26.9% (95% CI, 22.2%-31.8%). Physicians had a decrease in N-EE from 31.8% (95% CI, 29.3%-34.5%) in 2019 to 28.2% (95% CI, 25.9%-31.0%) in 2020 but an increase during the second year of the pandemic to 37.8% (95% CI, 34.7%-41.3%). Nurses had an increase in N-EE during the pandemic's first year, from 40.6% (95% CI, 38.4%-42.9%) in 2019 to 46.5% (95% CI, 44.0%-49.1%) in 2020 and increasing again during the second year of the pandemic to 49.2% (95% CI, 46.5%-51.9%). All other roles showed a similar pattern to nurses but at lower levels. Intraclass correlation coefficients revealed clustering of exhaustion within work settings across the 3 years, with coefficients of 0.18 to 0.17 for emotional exhaustion and 0.22 to 0.24 for emotional exhaustion climate, higher than the .10 coefficient typical of organizational climate (a medium effect for shared variance), suggestive of a social contagion effect of HCW exhaustion.

Key Points

Question Is the COVID-19 pandemic associated with an increase in health care worker emotional exhaustion?

Findings In this 3-year survey study with an overall sample of 102 122 responses from US health care workers before (2019) and twice during (2020 and 2021-2022) the COVID-19 pandemic, increases were reported in assessments of emotional exhaustion in 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.

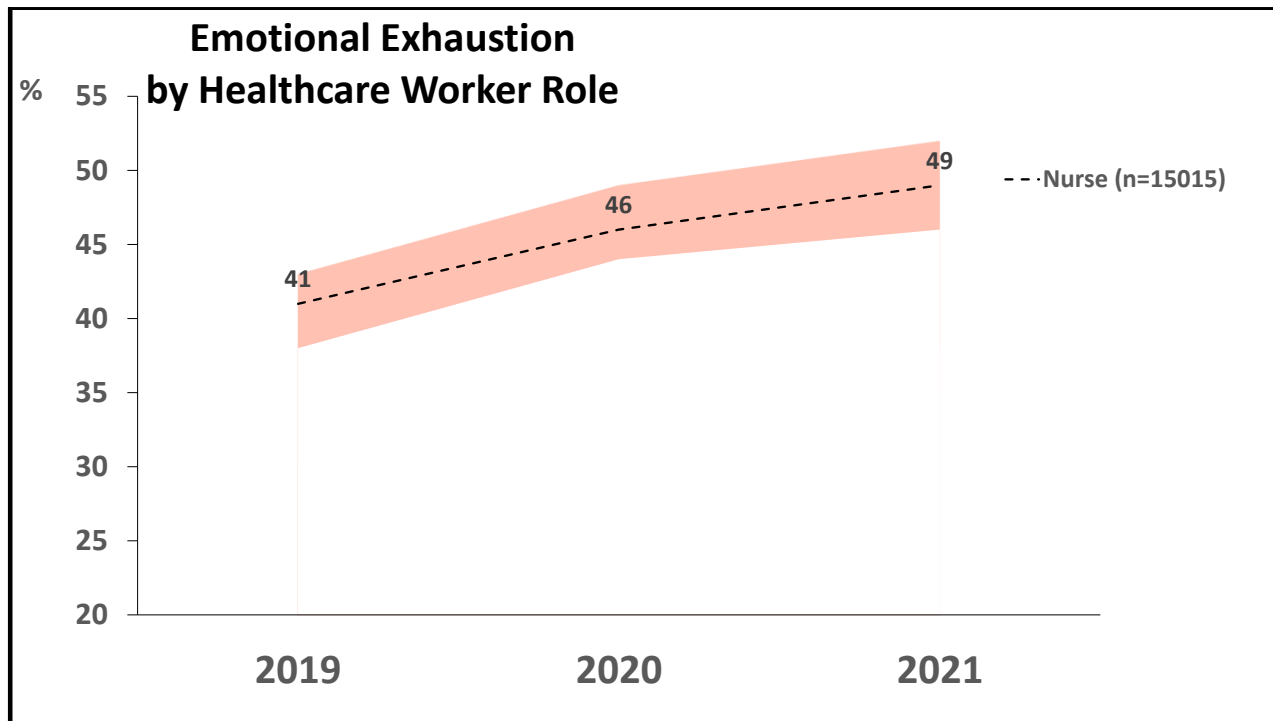
Invited Commentary

Supplemental content

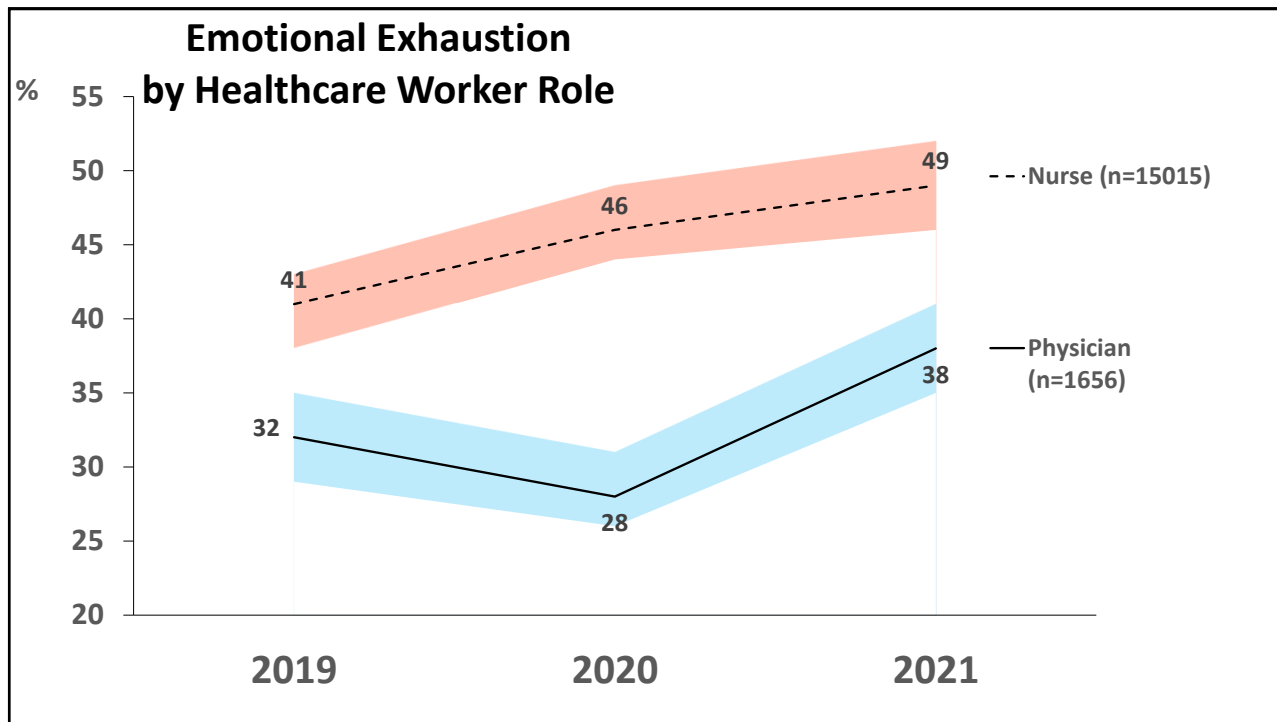
Author affiliations and article information are listed at the end of this article.

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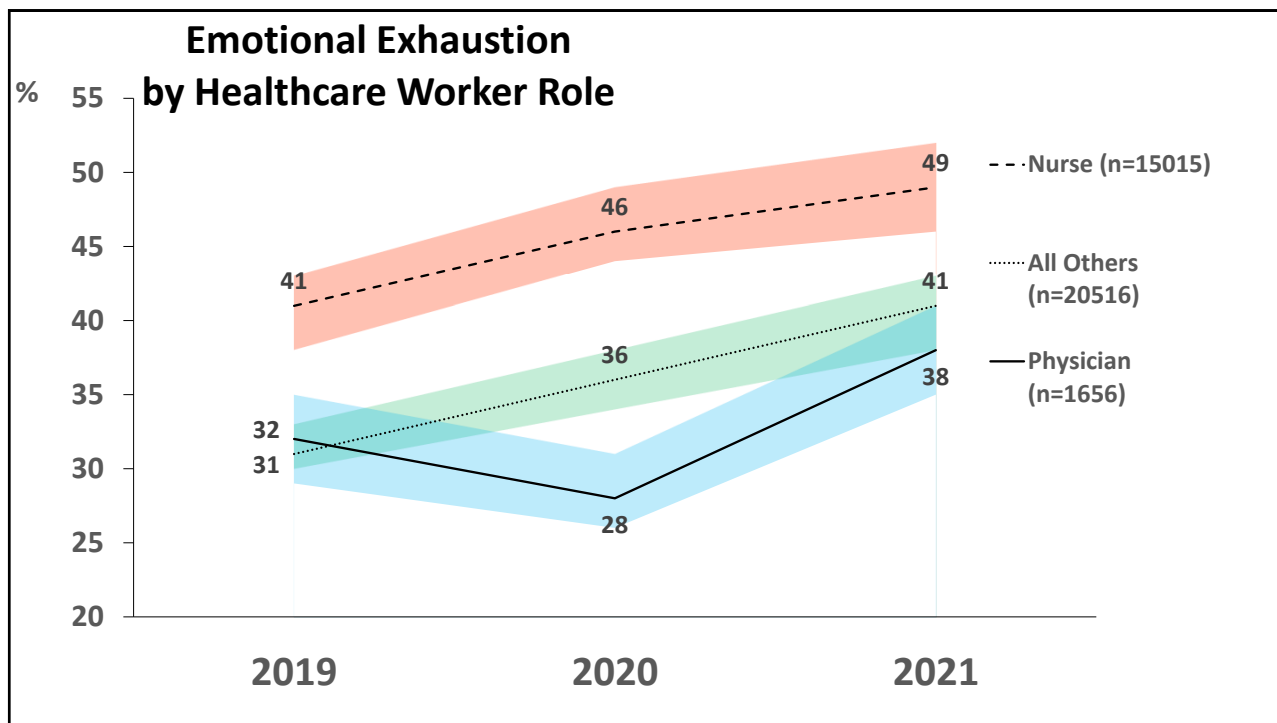
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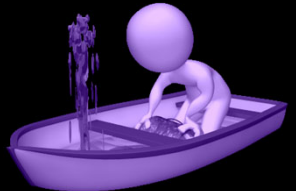
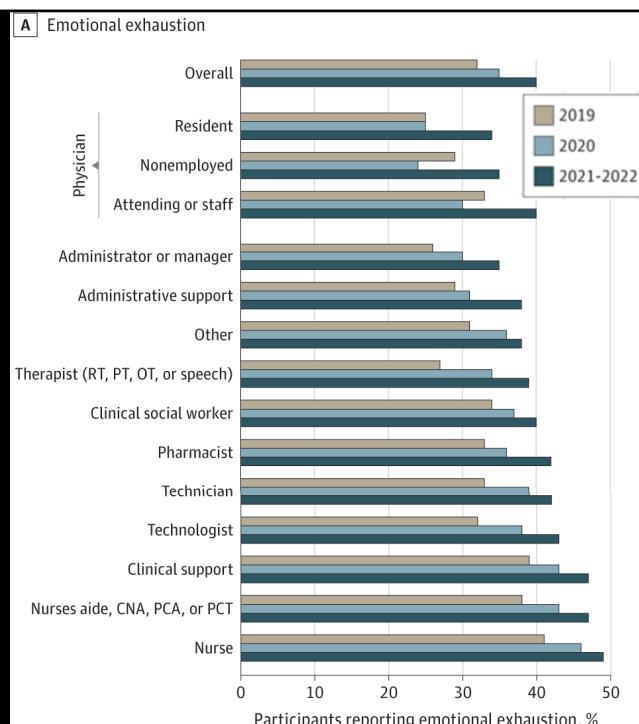


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JAMA Network | **Open.**

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 Proff, MD; Xin Cui, PhD; Jon Bae, MD; Allan Frankel, MD

Download from:
<https://ja.ma/3fORPqM>

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JAMA Network | **Open.**

Original Investigation | Occupational Health
Characterization of Nonphysician Health Care Workers' Burnout and Subsequent Changes in Work Effort
 Luakete N. Odyboye, MD, MPH; Brittany Major-Elsch, MS; Prabhat Thapa, BS; J. Taylor Hays, MD; Cathy H.H. Hsiao, MBA; Steven J. Buzicki, MD; Colin P. West, MD, PhD

Abstract

Importance Burnout is a pervasive, unrelenting problem among health care workers (HCWs), with detrimental impacts to patients. Data on the impact of burnout on workforce staffing are limited and could help build a financial case for action to address system-level contributors to burnout.

Objective To explore the association of burnout and professional satisfaction with changes in work effort over 24 months in a large cohort of nonphysician HCWs.

Design, Setting, and Participants This longitudinal cohort study was conducted in Rochester, Minnesota; Scottsdale and Phoenix, Arizona; Jacksonville, Florida; and community-based hospitals and health care facilities in the Midwest among nonphysician HCWs who responded to 2 surveys from 2015 to 2017. Analysis was completed November 25, 2020.

Exposures Burnout, as measured by 2 items from the Maslach Burnout Inventory, and professional satisfaction.

Main Outcomes and Measures The main outcome was work effort, as measured in full-time equivalent (FTE) units, recorded in payroll records.

Results Data from 26 280 responders (7293 individuals aged 45-54 years [27.8%], 20 263 [77.3%] women) were analyzed. A total of 8755 individuals (33.0%) had worked for the organization more than 15 years, and 6595 individuals (25.1%) were nurses. After controlling for sex, age, duration of employment, job category, baseline FTE, and baseline burnout, overall burnout (odds ratio [OR], 1.53; 95% CI, 1.39-1.70; $P < .001$), high emotional exhaustion at baseline (OR, 1.54; 95% CI, 1.39-1.71; $P < .001$), and high depersonalization at baseline (OR, 1.40; 95% CI, 1.21-1.62; $P < .001$) were associated with an HCW reducing their FTE over the following 24 months. Conversely, satisfaction with the organization at baseline was associated with lower likelihood of reduced FTE (OR, 0.73; 95% CI, 0.65-0.83; $P < .001$). Findings were similar when emotional exhaustion (OR per 1-point increase, 1.02; 95% CI, 1.01-1.06; $P < .001$), depersonalization (OR per 1-point increase, 1.03; 95% CI, 1.01-1.04; $P < .001$) and satisfaction with the organization (OR per 1-point increase, 0.83; 95% CI, 0.79-0.88; $P < .001$) were modeled as continuous measures. Nurses represented the largest group (30.6% of 1997 nurses [51.4%]) reducing their FTE over the 24 months.

Conclusions and Relevance This cohort study found that burnout and professional satisfaction of HCWs were associated with subsequent changes in work effort over the following 24 months. These findings highlight the importance of addressing factors contributing to high stress among all HCWs as a workforce retention and cost reduction strategy.

JAMA Network Open. 2021;4(8):e212435. doi:10.1001/jamaopen.2021.2145

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 JAMA Network Open. 2021;4(8):e212435. doi:10.1001/jamaopen.2021.2145 August 20, 2021 | 11

for every 1-point increase in exhaustion, there was a 20% increase in reducing work effort

Having high emotional exhaustion was associated with a reduction in work effort over the next 24 months (OR, 1.54; 95% CI 1.39-1.71; $P < .001$)

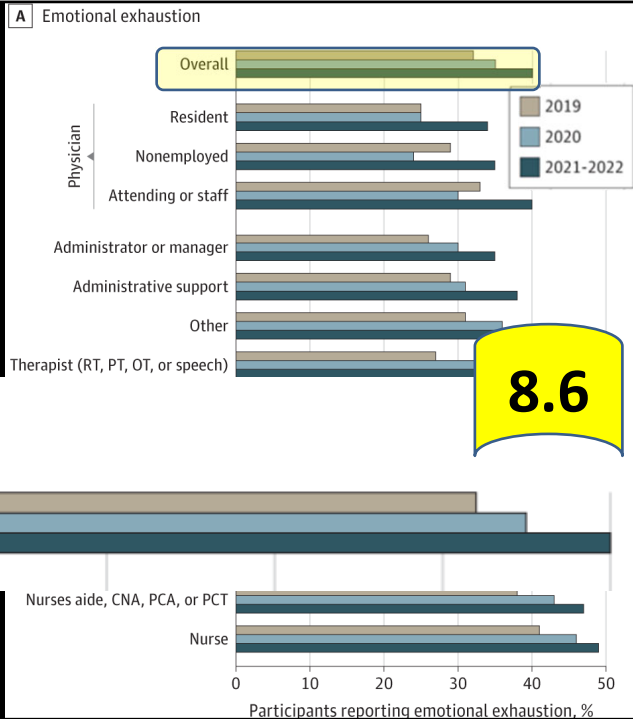
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Download from:

<https://ja.ma/3fORPqM>

A Emotional exhaustion

Overall



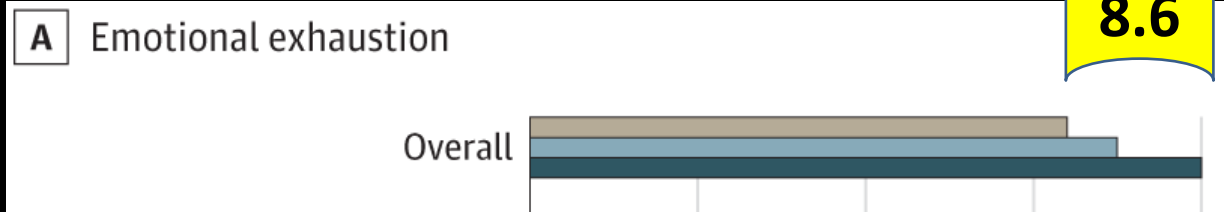
13

EE ↑ almost 9 pts during pandemic

A Emotional exhaustion

Overall

8.6



14

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.

15

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

16

Bite-Sized Well-being

- Burnout
 - Prevalent
 - Bad for patients & workforce
 - Treatable using evidence-based tools

we packaged the best available evidence for busy health care workers BSWB:

- **Simple**
- **Brief**
- **Recovery comes quickly**
- **Benefits endure**



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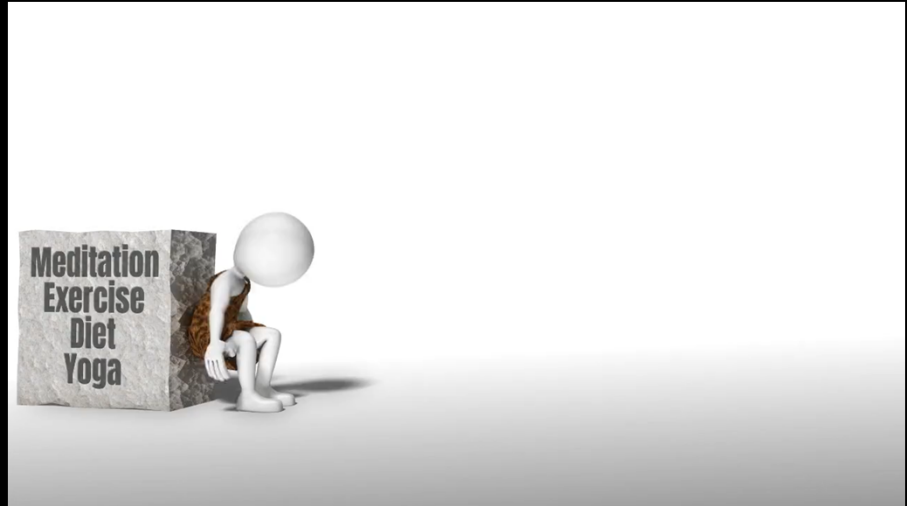
CAWS Packaged Well-being Interventions

text messages: **WISER**

Zoom: **WELL-B**

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We need bite-sized strategies



19

Bite-Sized Well-Being for Recovery



20

Bite-Sized Well-Being for Recovery



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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 Mitchell¹ · Debra Brandon^{5,6} · Daniel S. T Joseph Rigdon⁸ · Jeffrey B. Gould^{1,2} · Henry C. Lee^{1,2} · Wendy L. Timpson⁹ · Martin J. McCaffre Alexis S. Davis¹ · Mohan Pammi¹¹ · Melissa Matthews¹² · Ann R. Stark¹³ · Lu-Ann Papile¹⁴ · Eric Tho Michael Cotten¹⁶ · Amir Khan¹⁴ · J. Bryan Sexton^{3,4}

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Abstract
Objective Test web-based implementation for the science of enhancing resilience (WISER) intervention efficacy healthcare worker (HCW) burnout.
Design RCT using two cohorts of HCWs of four NICUs each, to improve HCW well-being (primary outcome). 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 WISER, 100 and 176 completed 1-month follow-up, and 78 and 146 completed 6-month follow-up. Relative WISER decreased burnout (−5.27 (95% CI: −10.44, −0.10), $p = 0.046$). Combined adjusted cohort result showed that the percentage of HCWs reporting concerning outcomes was significantly decreased for burnout (CI: −11.6%, −1.0%; $p = 0.008$), and secondary outcomes depression (−5.2% (95%CI: −10.8, −0.4); p 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>

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

Emotional Exhaustion

Time Point	% concerning
Baseline	55.7
1-mo post	49.4
6-mo post	48.9

Work-Life Integration

Time Point	% concerning
Baseline	47.8
1-mo post	36.0
6-mo post	31.5

22

frontiers | Frontiers in Public Health

TYPE Clinical Trial
PUBLISHED 08 December 2022
DOI 10.3389/fpubh.2022.1016407

Check for updates

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bite-sized web-based intervention to
improve healthcare worker wellbeing:
A randomized clinical trial of WISER.
Front. Public Health 10:1016407.
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Effectiveness of a bite-sized web-based intervention to improve healthcare worker wellbeing: A randomized clinical trial of WISER

J. Bryan Sexton^{1*}, Kathryn C. Adair^{2†}, Xin Cui^{3,4}, Daniel S. Tawfik⁵ and Jochen Profitt^{3,4}

¹Department of Psychiatry, Duke University School of Medicine, Duke University Health System, Durham, NC, United States, ²Duke Center for Healthcare Safety and Quality, Duke University Health System, Durham, NC, United States, ³Division of Research and Developmental Medicine, Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA, United States, ⁴California Research Quality Care Collaborative, Palo Alto, CA, United States, ⁵Division of Pediatric Critical Care Medicine, Department of Pediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, Palo Alto, CA, United States

Importance: Problems with the wellbeing of healthcare workers (HCWs) are widespread and associated with detrimental consequences for the workforce, organizations, and patients.

Objective: This study tested the effectiveness of the Web-based Implementation for the Science of Enhancing Resilience (WISER) intervention, a positive psychology program, to improve six dimensions of the wellbeing of HCWs.

Design: We conducted a randomized controlled trial of HCWs between 1 April 2018 and 22 July 2019. Cohort 1 received WISER daily for 10 days. Cohort 2 acted as a waitlist control before receiving WISER.

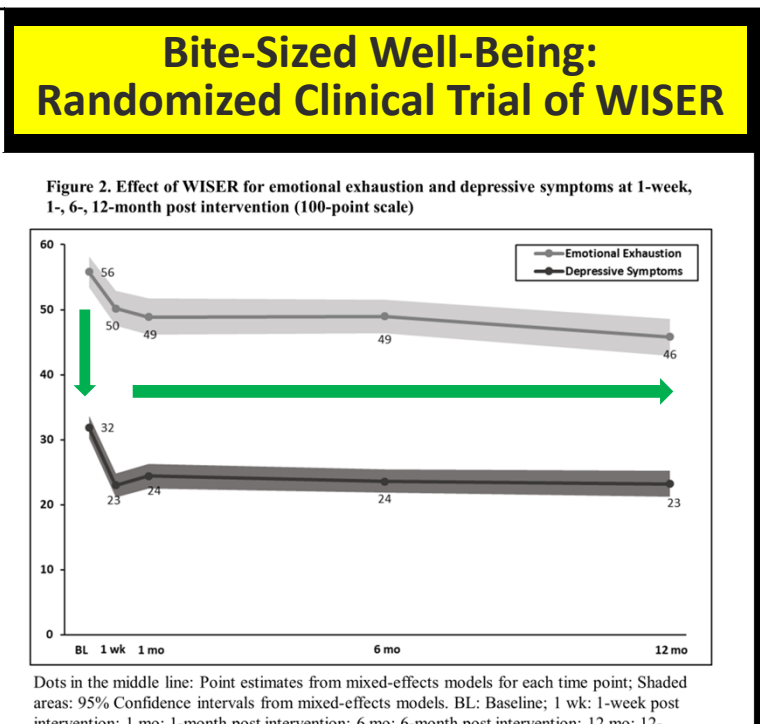
Setting: Web-based intervention for actively employed HCWs across the United States.

Participants: Eligibility criteria included being ≥18 years old and working as a HCW. Each participant was randomized to start the intervention or serve as a waitlist control for 14 days before starting the intervention.

Interventions: Cohorts received links via 10 texts exposing them to introductory videos and positive psychology exercises (3 good things, cultivating awe, random acts of kindness, cultivating relationships, and gratitude letters).

Main outcomes and measures: The primary outcome was emotional exhaustion; secondary outcomes included depressive symptoms, work-life integration, happiness, emotional thriving, and emotional recovery. All outcomes were assessed at baseline, 1-week post-intervention (primary endpoint), and 1, 6, and 12-month post-intervention. Outcomes were measured using six validated wellbeing instruments, rescaled to 100-point

<https://www.frontiersin.org/articles/10.3389/fpubh.2022.1016407>



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EE ↑ almost 9 pts during pandemic

CAWS Packaged Well-being Interventions

text messages: **WISER ↓ EE 10 pts**

Zoom: **WELL-B ↓ EE ?? pts**

24

EE ↑ almost 9 pts during pandemic

CAWS Packaged Well-being Interventions

text messages: WISER ↓ EE 10 pts

Zoom: WELL-B ↓ EE 14 pts

25

Session Layout (RAFT):



- **Research: Share the evidence**
- **Assessment: your WELL-B check-in**
- **Feedback: your WELL-B report**
- **Tool: your WELL-B activity**



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



Series Layout (5 hours)

- 10:00 • **Session 1:** Gratitude as Easy Well-Being: New Science on an Old Practice
- 10:00 • **Session 2:** Work-Life Integration: Measuring & Understanding Health Care Worker Well-Being
- 10:00 • **Session 3:** The Voice in Your Head isn't Always Kind: Evidence-Based Self-Compassion
- 10:00 • **Session 4:** Science of Wow: Cultivating Awe and Wonder as a Well-Being Strategy
- 10:00 • **Session 5:** Group-level well-being, Follow-up, sharable resources and extended Q&A (30 min)

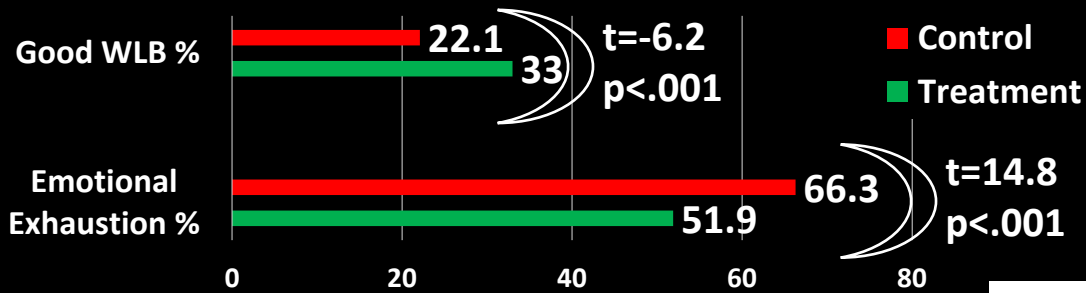
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Please get your mobile phone ready



28

2023 RCT: WELL-B Essentials 5 Hr Participant Well-Being Assessments



EE ↓ 14.4 points



29

03:00

To enroll:
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or scan QR code



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Why? Emotional exhaustion's never been higher in healthcare.

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1 week: Runs Mon-Thursday and the following Monday

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



Duke Center for
Healthcare Safety and Quality



caws.dukehealth.org

30

Well-Being Ambassador Training

17 hours of CME/CEU

5 hrs WELLB Essentials
bit.ly/wellbduke



12 hrs of monthlies:
bit.ly/wellbmonthly



+

= 17

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Duke Monthly Well-Being Webinar Series: bit.ly/wellmonthly —1 bite-sized tool each month, 1 hr cont ed, recorded, with Q&A

JANUARY	Emotional Exhaustion before and During Covid: The need for Bite-Sized Well-Being
FEBRUARY	Neuroscience of Hope
MARCH	Best Reset Button Available: The Science of Sleep with Tips and Tricks
APRIL	Bite-Sized Well-Being: Three Good Things
MAY	Signature Strengths at Work
JUNE	Bite-Sized Mindfulness: Being Present in the Age of Distraction
JULY	Dealing with Difficult Colleagues: Assessing, Understanding and Improving Teamwork
AUGUST	Grief, Growth or Both?: A Primer on Recovery after Emotional Upheaval
SEPT	The Funny Thing about Well-being: Evidence for Humor
OCTOBER	Evidence-based Sleep Hygiene: Advanced Insights on Rest for the Weary
NOVEMBER	Relationship Resilience: The Science and Practice of How Other People Matter
DECEMBER	Enhancing Resilience: Survival of the Kindest

www.linkedin.com/in/wellb | www.hsq.dukehealth.org

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Enduring Resources (for Pausing & Reflecting)

Institutional resources

- Positive Rounding
- 2nd Victim Support
- Psychologically Safe Leadership
- Leader WalkRounds

veciteezy.com

Individual resources



WELCOME TO WELL-B

www.linkedin.com/in/wellb | caws.dukehealth.org

[bit.ly/joyreflections](#) | 2 minutes | 8 days
Simple joys. Cultivate joy and playfulness.

[bit.ly/lawetool](#) | 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/wlbttool](#) | 2 minutes | 4 days
Cultivate work-life balance.

[bit.ly/rwdtool](#) | 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/psftool](#) | 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/strengthtool](#) | 3 minutes | 8 days
Signature Strengths. Cultivate your strengths.

[bit.ly/sleepool](#) | 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/historyburn](#) | 20 minutes | 3 days
Your Burnout Story. Cultivate healing through reflective writing.

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What questions do you have?

www.linkedin.com/in/wellb | caws.dukehealth.org



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What questions do you have?

- Coaching
- Certification
- Monthlies

bit.ly/dukewebinars



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Thank you

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