

Bite-sized well-being During Times of Uncertainty

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Director, Duke Center for
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 @JBryanSexton1

1

Overview:

- crash course in well-being
- bite-sized strategies (individuals & groups)
- resources to share

2

Well-Being Redefined: The ability to “do stuff”



3



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

4

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.

5

Burnout is associated with:

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



Lower Patient Satisfaction

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



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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frontiers in
PSYCHOLOGY

ORIGINAL RESEARCH ARTICLE
published: 22 January 2015
doi: 10.3389/fpsyg.2014.01573

Emotional exhaustion and workload predict clinician-rated and objective patient safety

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Aims: To investigate the role of clinician burnout, demographic, and organizational characteristics in predicting subjective and objective indicators of patient safety.

Background: Maintaining clinician health and ensuring safe patient care are important goals for hospitals. While these goals are not independent from each other, the interplay between clinician psychological health, demographic and organizational variables, and objective patient safety indicators is poorly understood. The present study addresses this gap.

Method: Participants were 1425 physicians and nurses working in intensive care. Regression analysis (multilevel) was used to investigate the effect of burnout as an indicator of psychological health, demographic (e.g., professional role and experience) and organizational (e.g., workload, predictability) characteristics on standardized mortality ratios, length of stay and clinician-rated patient safety.

Results: Clinician-rated patient safety was associated with burnout, trainee status, and professional role. Mortality was predicted by emotional exhaustion. Length of stay was predicted by workload. Contrary to our expectations, burnout did not predict length of stay, and workload and predictability did not predict standardized mortality ratios.

Conclusion: At least in the short-term, clinicians seem to be able to maintain safety despite high workload and low predictability. Nevertheless, burnout poses a safety risk. Subjectively, burnt-out clinicians rated safety lower, and objectively, units with high emotional exhaustion had higher standardized mortality ratios. In summary, our results indicate that clinician psychological health and patient safety could be managed simultaneously. Further research needs to establish causal relationships between these variables and support to the development of managerial guidelines to ensure clinicians' psychological health and patients' safety.

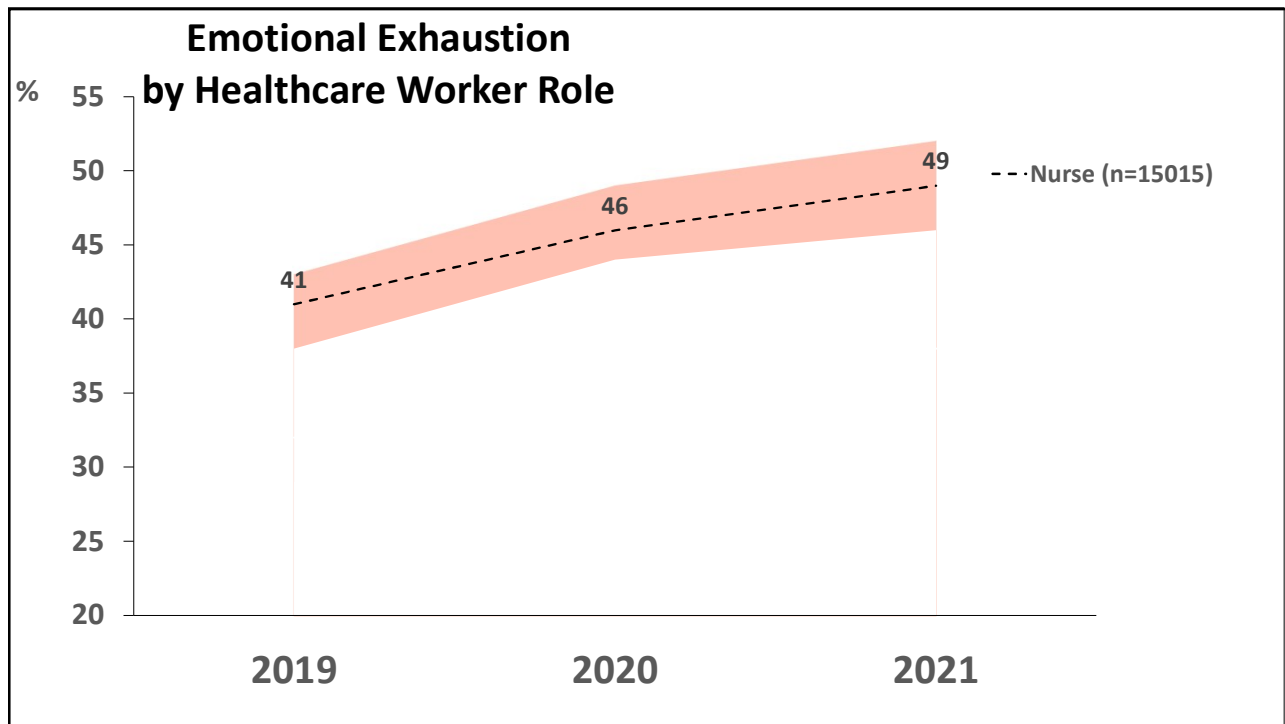
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We have data from 30,000
healthcare workers in:

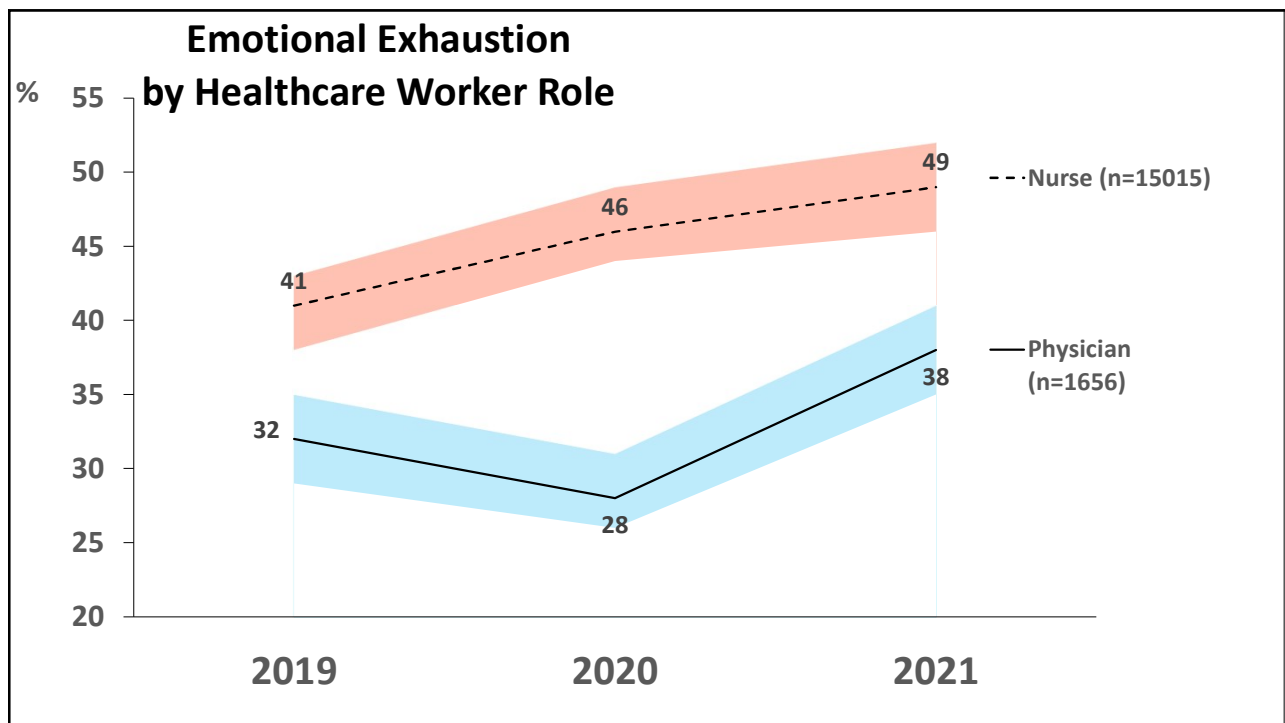
Sept 2019
Sept 2020
Sept 2021/Jan 2022

In Press: JAMA Network Open

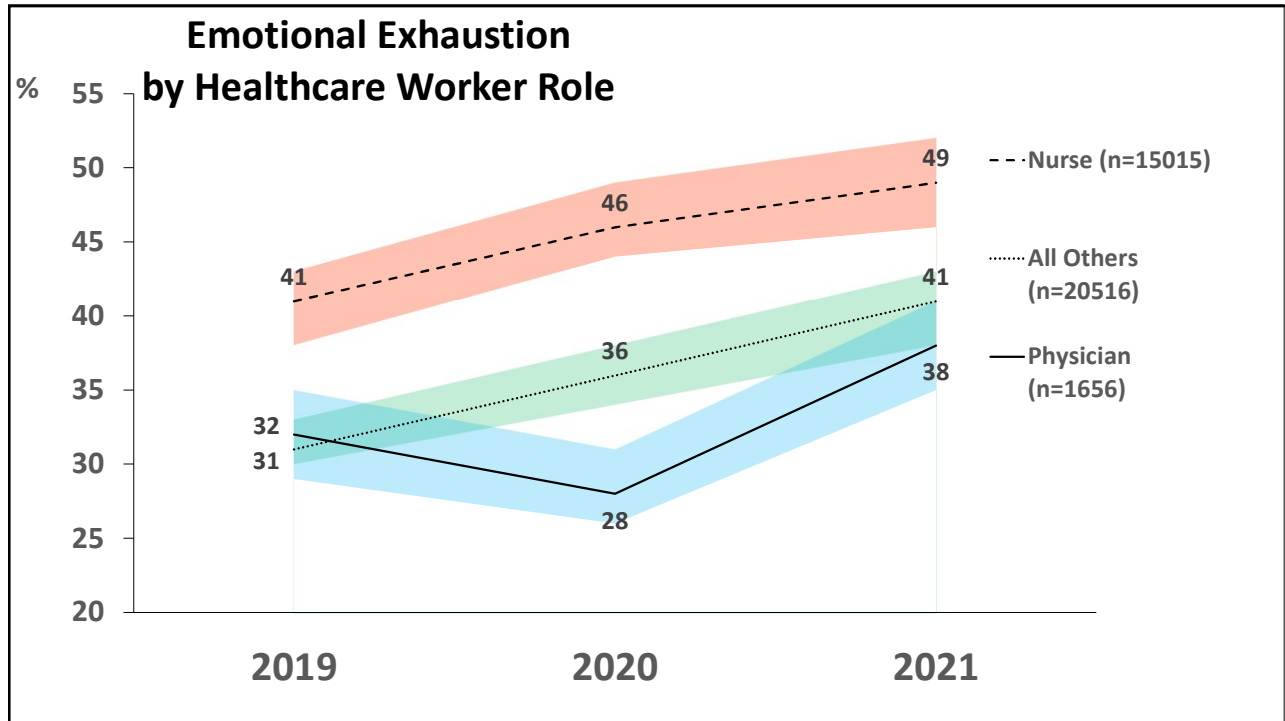
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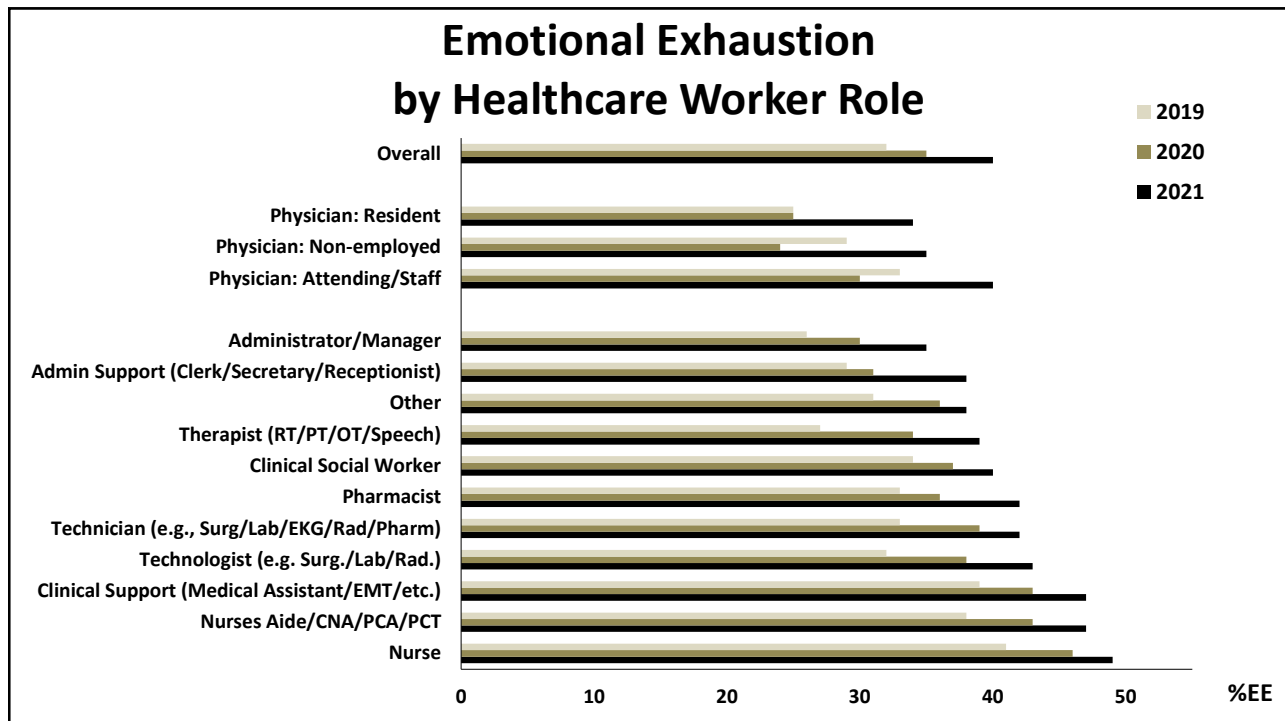
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Burnout is intense, can we cause it to go down?

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We need bite-sized strategies

HOW MUCH I'M ABLE TO GET DONE

Scenario	Ability to Get Done
NORMALLY	High
DURING AN UNPRECEDENTED, GLOBAL CRISIS	Low

LIZ FOSSLIE
© LIZ AND MOLLIE

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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. Tawfik⁷ · Joseph Rigdon⁸ · Jeffrey B. Gould^{1,2} · Henry C. Lee^{1,2} · Wendy L. Timpson⁹ · Martin J. McCaffrey¹⁰ · Alexis S. Davis¹ · Mohan Pammi¹¹ · Melissa Matthews¹² · Ann R. Stark¹³ · Lu-Ann Papile¹⁴ · Eric Thomas¹⁵ · Michael Cotten¹⁶ · Amir Khan¹⁴ · J. Bryan Sexton^{3,4}

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

Objective Test web-based implementation for the science of enhancing resilience (WISER) intervention efficacy in reduce 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); $p=0.022$) 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

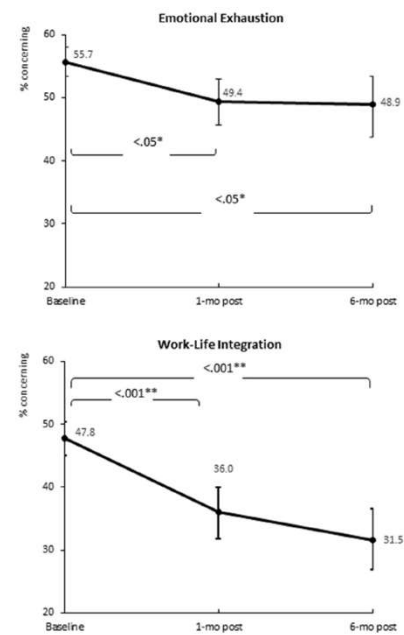


Fig. 2 Effect of WISER on the percent concerning scale. Statistical month post provided in brackets.

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Psychology of Burnout

Your focus and reflections determine your reality

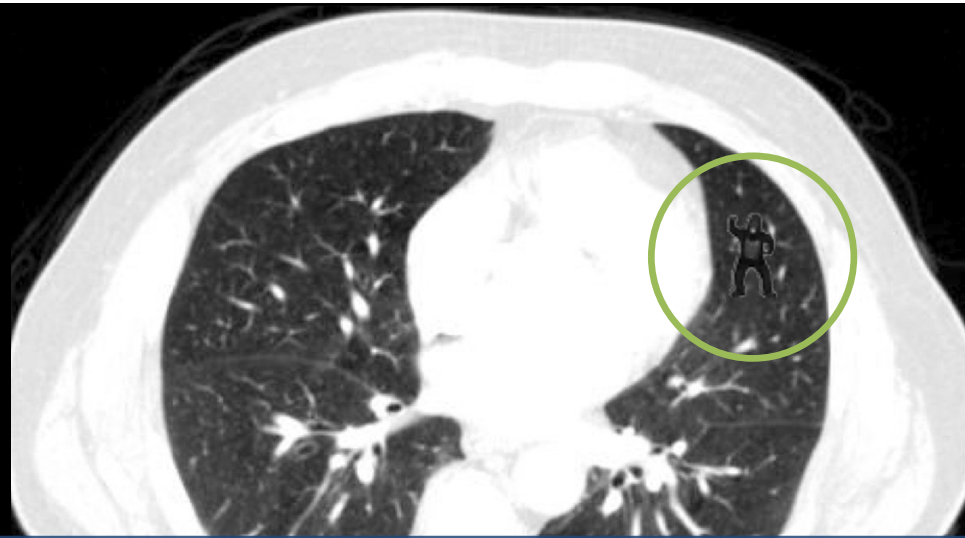
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Psychology of Burnout

Your **focus** determines your reality



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Notice anything unusual about this lung scan?

Harvard researchers found that **83%** of radiologists didn't notice the gorilla in the top right portion of this image.

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Eur Arch Psychiatry Clin Neurosci (2015) 265:27–34
DOI 10.1007/s00406-014-0549-x

ORIGINAL PAPER

Emotional information processing in depression and burnout: an eye-tracking study

Renzo Bianchi · Eric Laurent

Received: 12 July 2014
© Springer-Verlag Berlin Heidelberg 2014

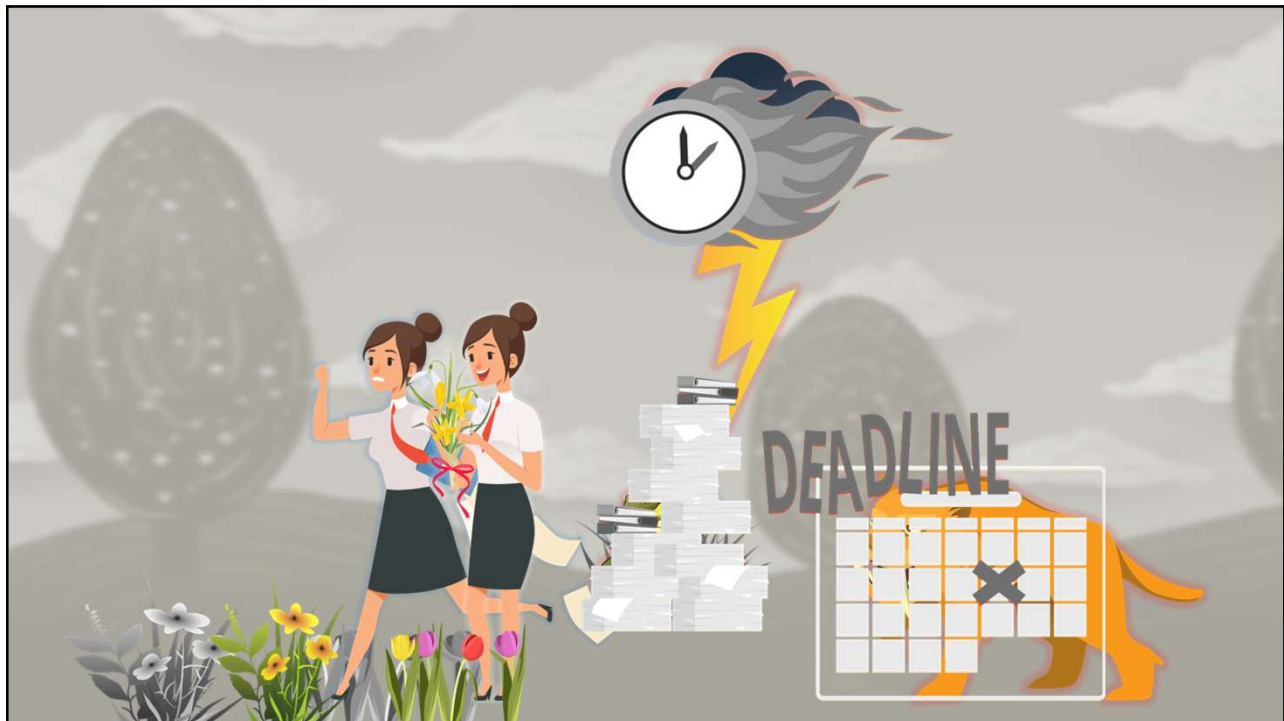
Abstract Whether the attentional processing of emotional information is impaired in depression and burnout is unclear. The aim of the present study was to advance the understanding of the nature of the attentional processing impairment in depression and burnout by assessing overt attentional deployment. The gaze of 54 human services employees was monitored as they freely viewed a series of emotional images, labeled as dysphoric, positive, anxiogenic, and neutral. Similar to depression, burnout was associated with increased attention for dys-

What the burned out eyes are able to see is limited:

Eye-tracking of attention of burned out and depressed participants was the same: more focus on dysphoric stimuli/ less focus on positive stimuli

accomplishment. Burnout, or exhaustion, the hallmark of burnout, is characterized by fatigue and helplessness; it reflects the worker's response to chronic stress and is considered the entry point into the syndrome; depersonalization characterizes a way of coping with

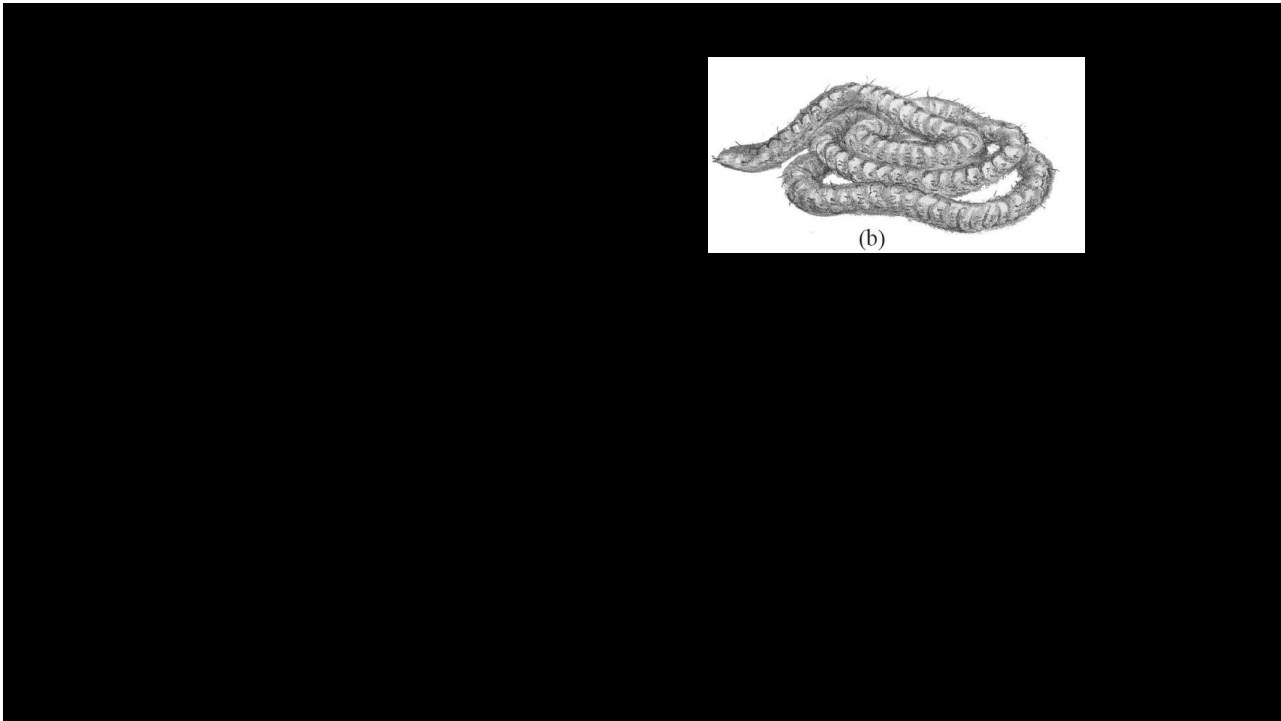
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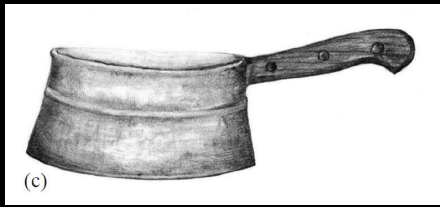
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Blurt Task – Don't be shy...

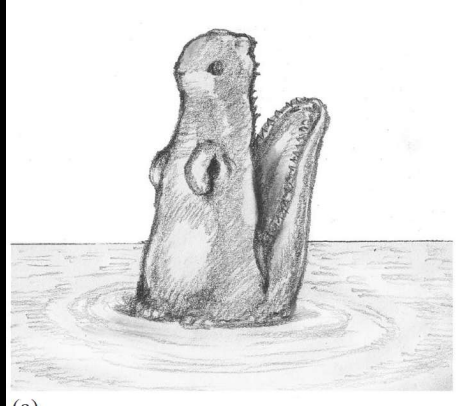
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Perception, 2012, volume 41, pages 1535–1539

doi:10.1068/p7290

SHORT AND SWEET

Alligator or squirrel:
in ambiguous figures

Jesse Prinz¹, Angelika Seidel¹
¹ Department of Philosophy, City
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of New York
Received 14 May 2012, in revised

Abstract. Extant evidence has shown
visual features or make them more
seen. Three newly devised ambigu
presented for brief intervals. The ma
control condition and in a condition
majority reported seeing dangerous
a visually perceived stimulus. In thi
so the findings also suggest that sou

Keywords: ambiguous figures, fear

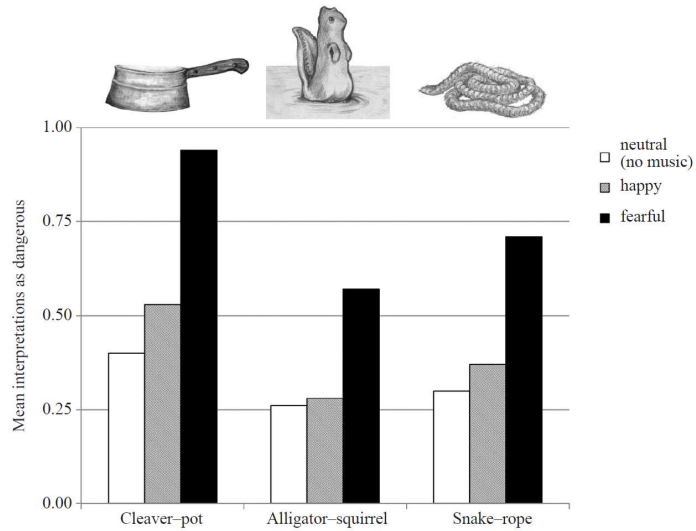


Figure 2. Mean interpretations as benign (= 0) and dangerous (= 1) for ambiguous figures in no music, happy music, and fearful music conditions.

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What is well-being?

The ability to see the good *and*
the bad across situations.



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What is burnout?

27

Christina Maslach, PhD
author of the
Maslach Burnout Inventory (MBI)
Professor Emeritus, Berkeley



MBI 3 Pillars of Burnout:

- **Emotional Exhaustion** (overwhelmed, drained, unable to meet demands)
- **Depersonalization** (callousness, seeing others as objects)
- **Inefficacy** (diminishes sense of accomplishment)

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What is burnout?

Burnout is what happens when it gets really hard to notice something funny, interesting, or amazing...



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Burnout, at its core, is the impaired ability to experience positive emotion.



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Personality Processes and Individual Differences



Handwritten
Autobiography
Beginning

Sister 1 (low positive emotion): I was born on September 26, 1909, the eldest of seven children, five girls and two boys . . . My candidate year was spent in the Motherhouse, teaching Chemistry and Second Year Latin at Notre Dame Institute. With God's grace, I intend to do my best for our Order, for the spread of religion and for my personal sanctification.

Sister 2 (high positive emotion): God started my life off well by bestowing upon me a grace of inestimable value. . . . The past year which I have spent as a candidate studying at Notre Dame College has been a very happy one. Now I look forward with eager joy to receiving the Holy Habit of Our Lady and to a life of union with Love Divine.



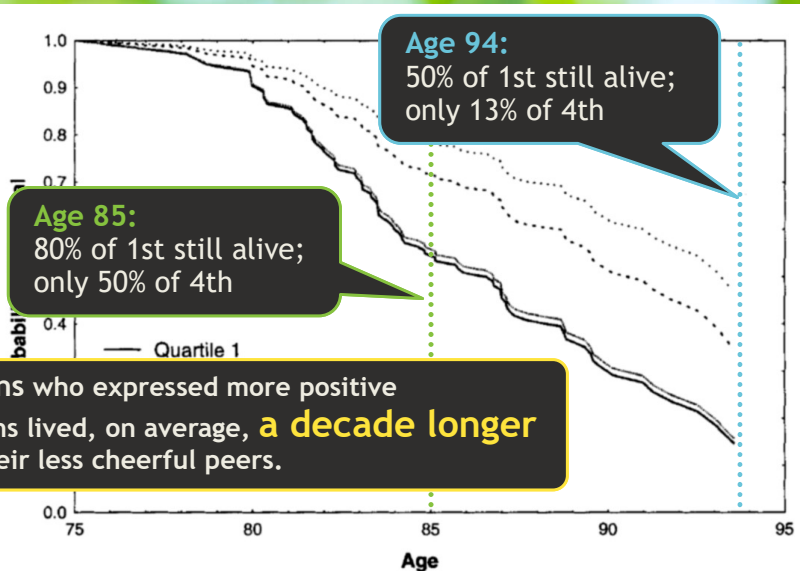
write a short sketch of [her] life. This account should not contain more than two to three hundred words and should be written on a single sheet of paper . . . include place of birth, parentage, interesting and edifying events of childhood, schools attended, influences that led to the convent, religious life, and outstanding events.



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Positive Emotions in Early Life

Quartile rankings of the number of positive emotion sentences in autobiographies written in early life and the probability of survival in late life for 180 participants in the Nun Study




The nuns who expressed more positive emotions lived, on average, **a decade longer** than their less cheerful peers.



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NIH Public Access
Author Manuscript
Motiv Emot. Author manuscript; available in PMC 2011 July 1.

Published in final edited form as:
Motiv Emot. 2000 December ; 24(4): 237–258.


The Undoing Effect of Positive Emotions

Barbara L. Fredrickson^{1,3}, Roberta A. Mancuso², Christine Branigan², and Michele M. Tugade²

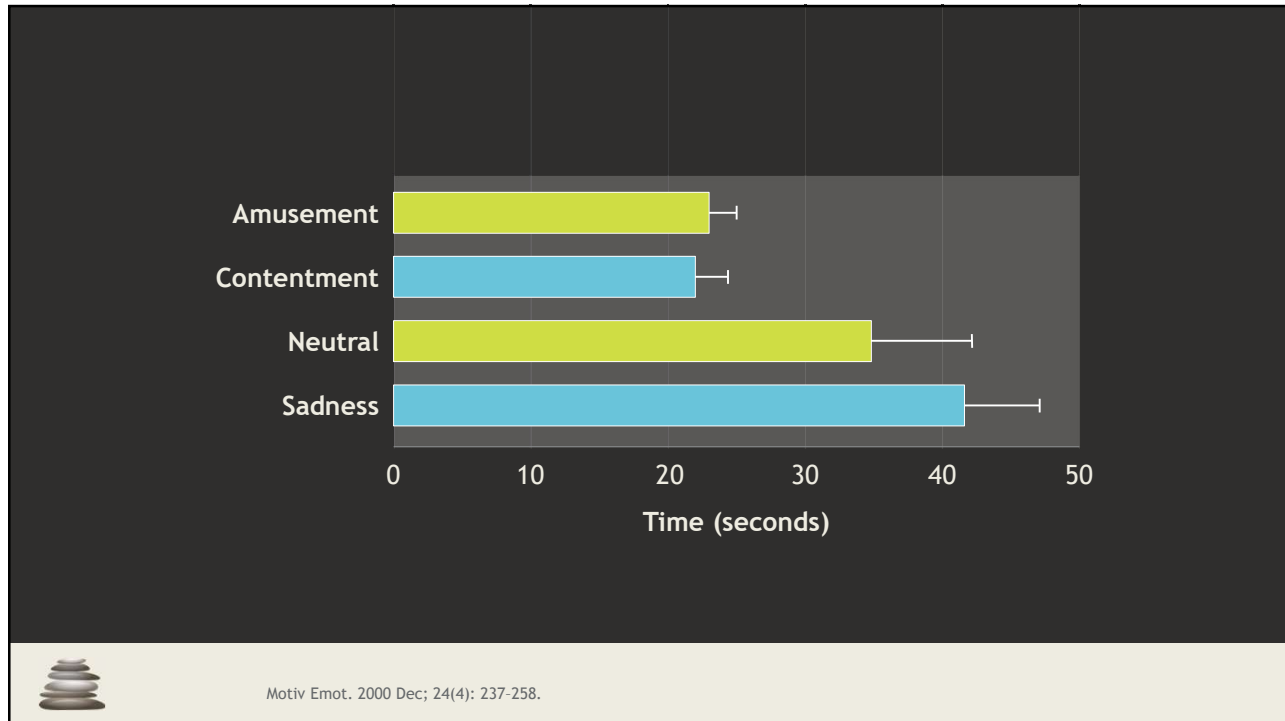
¹Department of Psychology, Women's Studies Program, and Research Center for Group Dynamics, University of Michigan, Michigan
²Department of Psychology, University of Michigan, Michigan

Abstract

Positive emotions are hypothesized to undo the cardiovascular aftereffects of negative emotions. Study 1 tests this undoing effect. Participants ($n = 170$) experiencing anxiety-induced cardiovascular reactivity viewed a film that elicited (a) contentment, (b) amusement, (c) neutrality, or (d) sadness. Contentment-eliciting and amusing films produced faster cardiovascular recovery than neutral or sad films did. Participants in Study 2 ($n = 185$) viewed these same films following a neutral state. Results disconfirm the alternative explanation that the undoing effect reflects a simple replacement process. Findings are contextualized by Fredrickson's broaden-and-build theory of positive emotions (B. L. Fredrickson, 1998).



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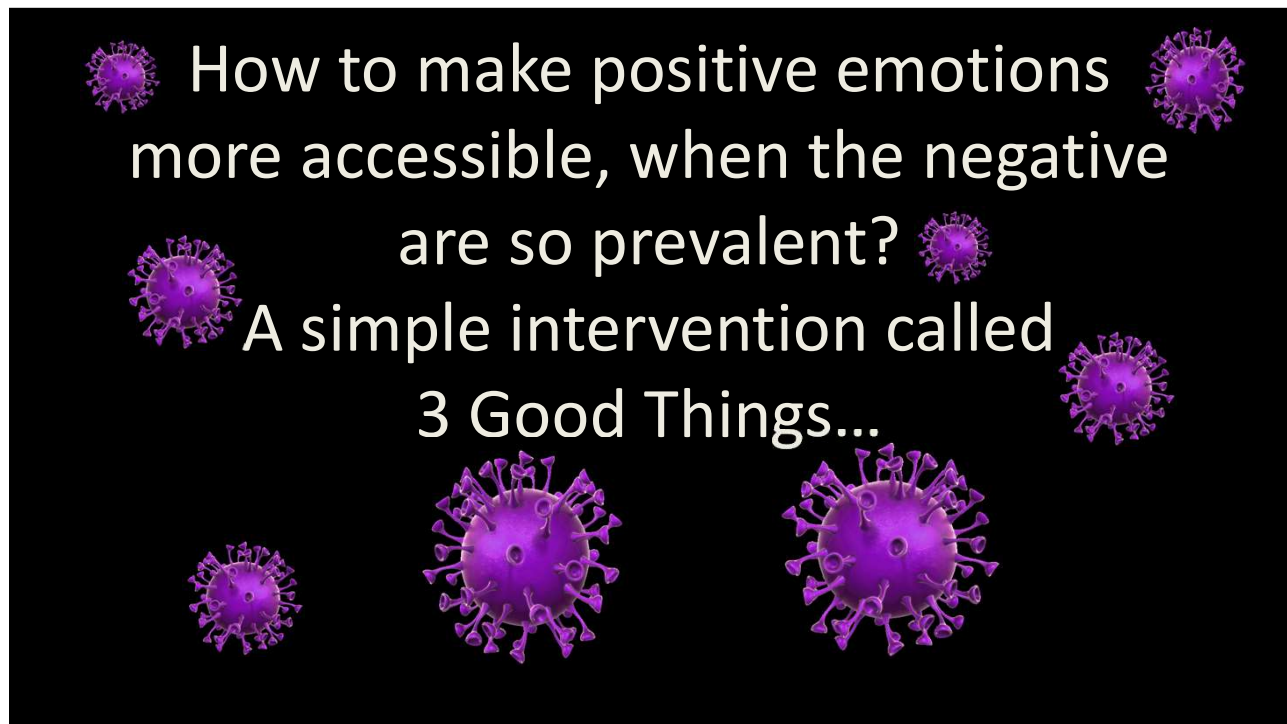
**MEANING
AND
PURPOSE**

Through
Positive
Emotions...

Positive Emotions
Recharge your
Batteries...

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How to make positive emotions more accessible, when the negative are so prevalent?
A simple intervention called 3 Good Things...



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Positive Psychology Progress

Empirical Validation of Interventions

Martin E. P. Seligman and Tracy A. Steen
Nansook Park
Christopher Peterson

University of Pennsylvania
University of Rhode Island
University of Michigan

Positive psychology has flourished in the last 5 years. The authors review recent developments in the field, including books, meetings, courses, and conferences. They also discuss the newly created classification of character strengths and virtues, a positive complement to the various editions of the Diagnostic and Statistical Manual of Mental Disorders (e. g., American Psychiatric Association, 1994), and present some cross-cultural findings that suggest a surprising ubiquity of strengths and virtues. Finally, the authors focus on psychological interventions that increase individual happiness. In a 6-group, random-assignment, placebo-controlled Internet study, the authors tested 5 purported happiness interventions and 1 plausible control exercise. They found that 3 of the interventions lastingly increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions that relieve suffering and may someday be the practical legacy of positive psychology.

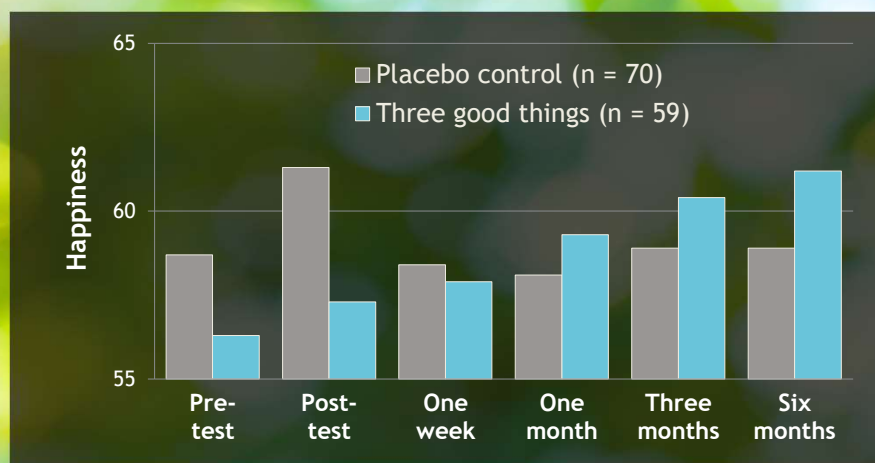
July–August 2005 • American Psychologist

Copyright 2005 by the American Psychological Association 0003-066X/05/\$12.00
Vol. 60, No. 5, 410–421 DOI: 10.1037/0003-066X.60.5.410



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Three Good Things

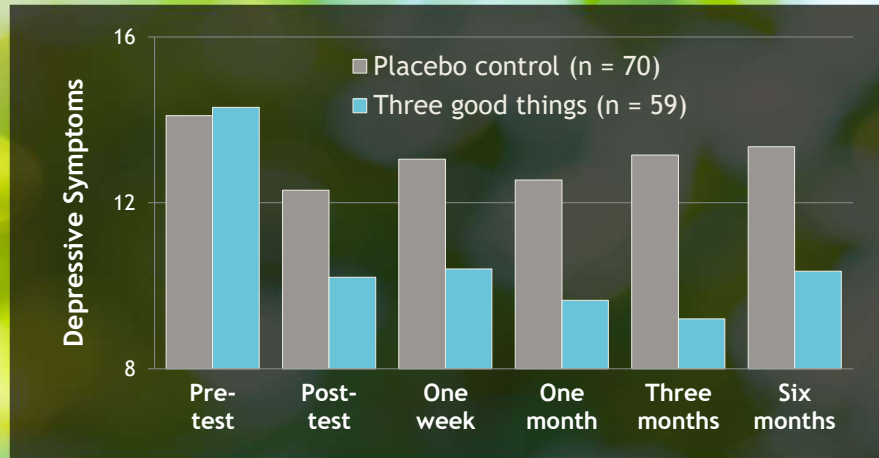


Seligman, Steen, Park & Peterson, 2005



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Three Good Things



Seligman, Steen, Park & Peterson, 2005

WISER

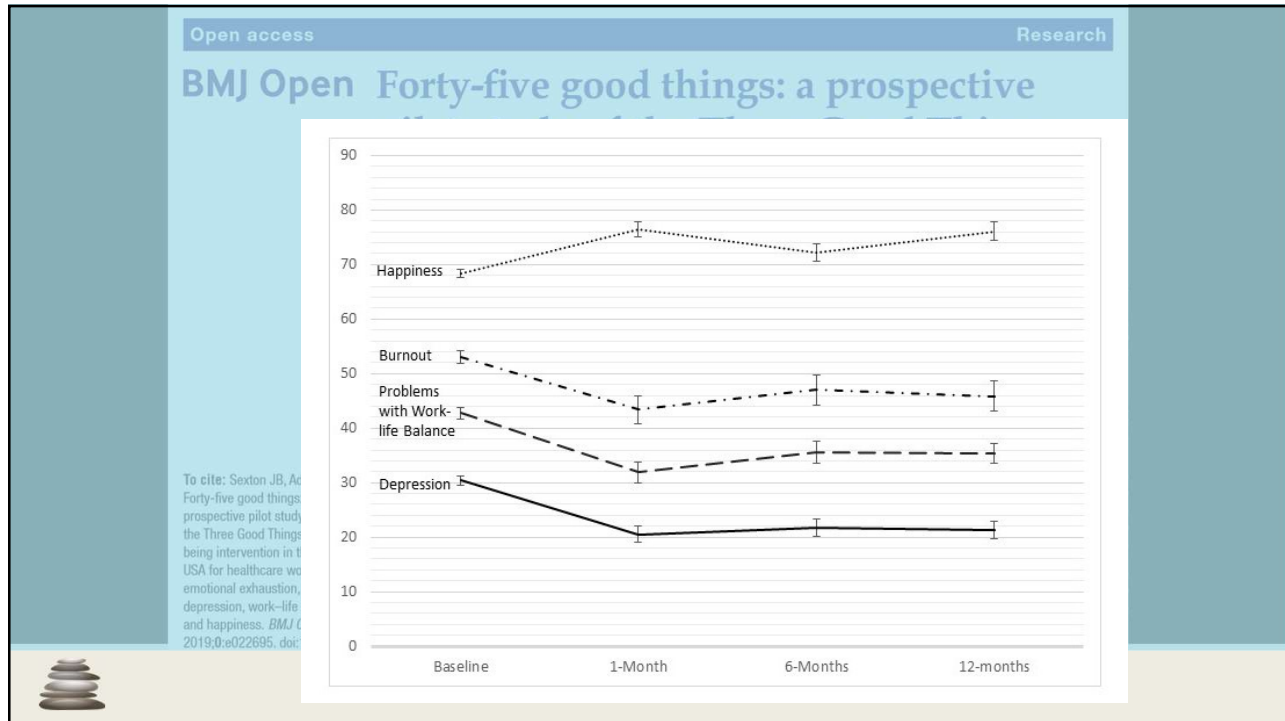
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Effect Sizes

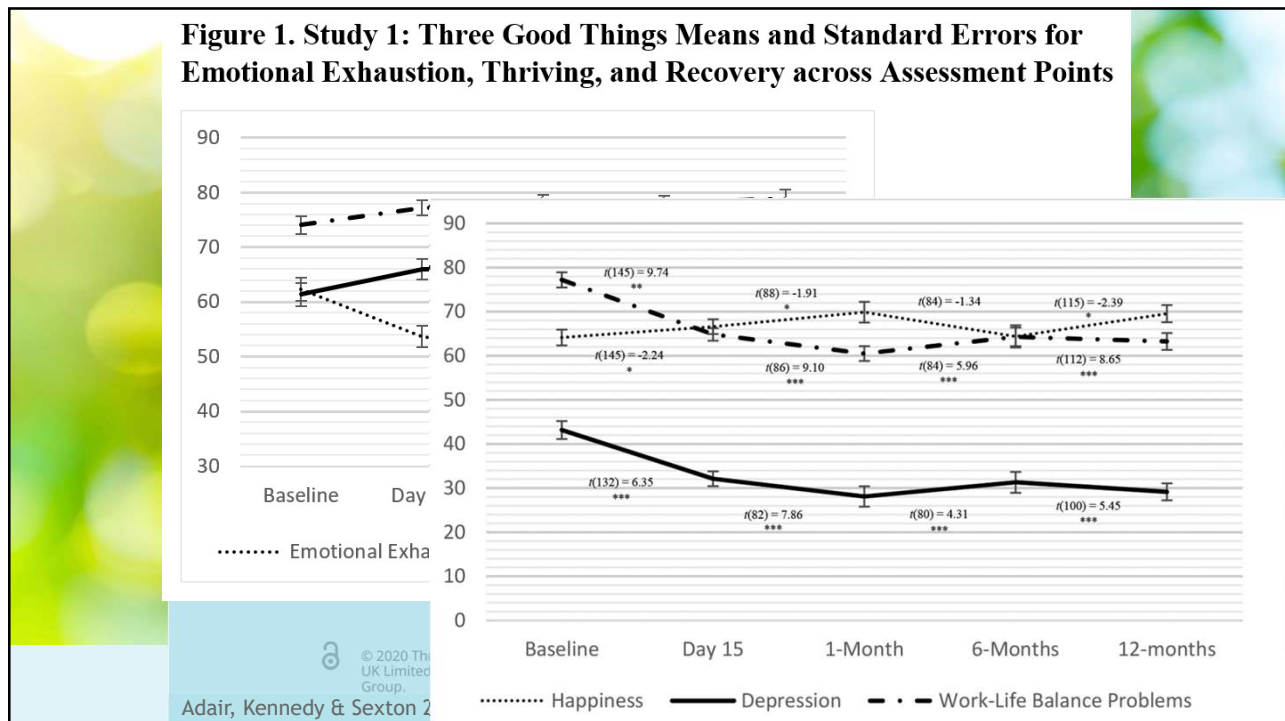
	Baseline to 1-Mo Follow-up	Baseline to 6-Mo Follow-up
Burnout	0.25	0.34
concerning threshold sub-group	0.61	0.68
Depression	0.41	0.52
concerning threshold sub-group	1.57	1.38

WISER

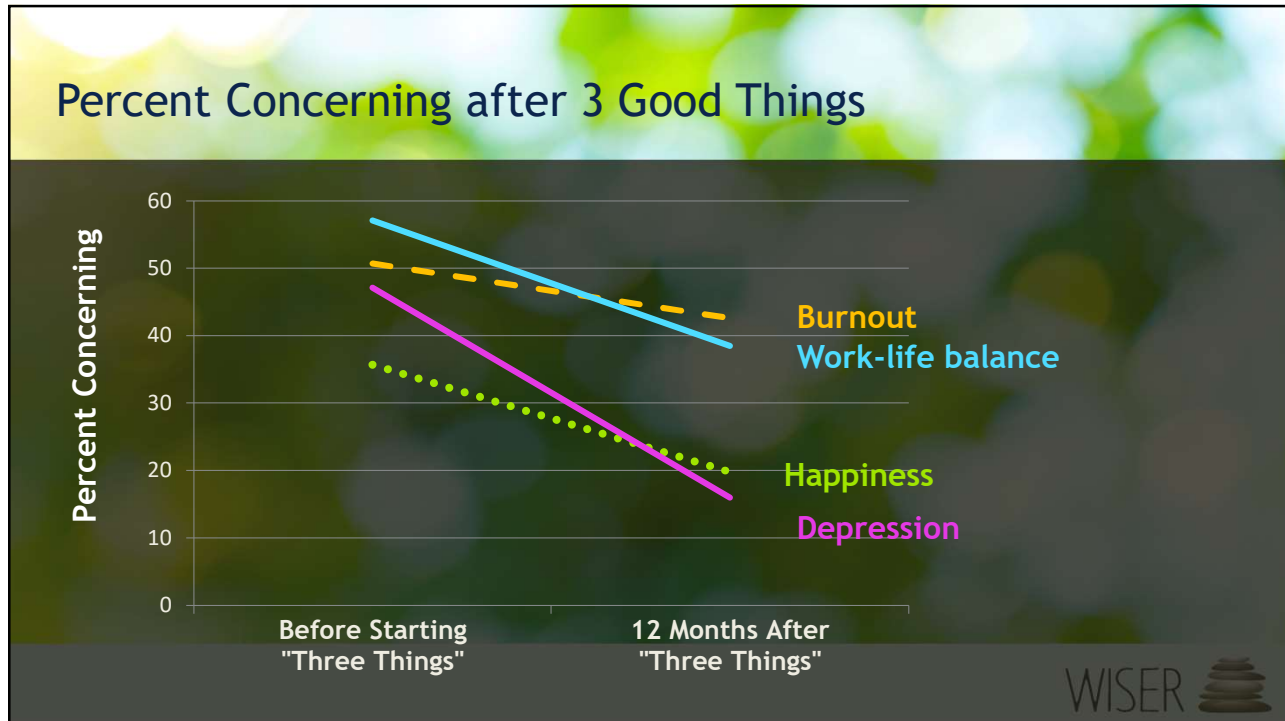
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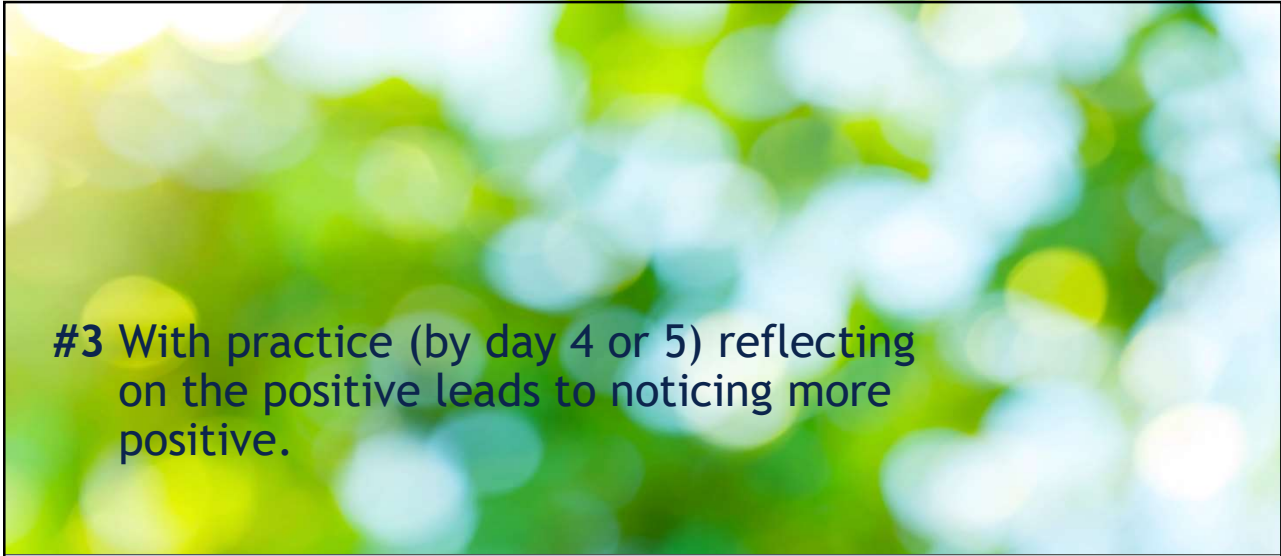
The negative screams at you,
but the positive only
whispers...

—Barbara Fredrickson

#1 We are hard-wired to remember the negative.


WISER

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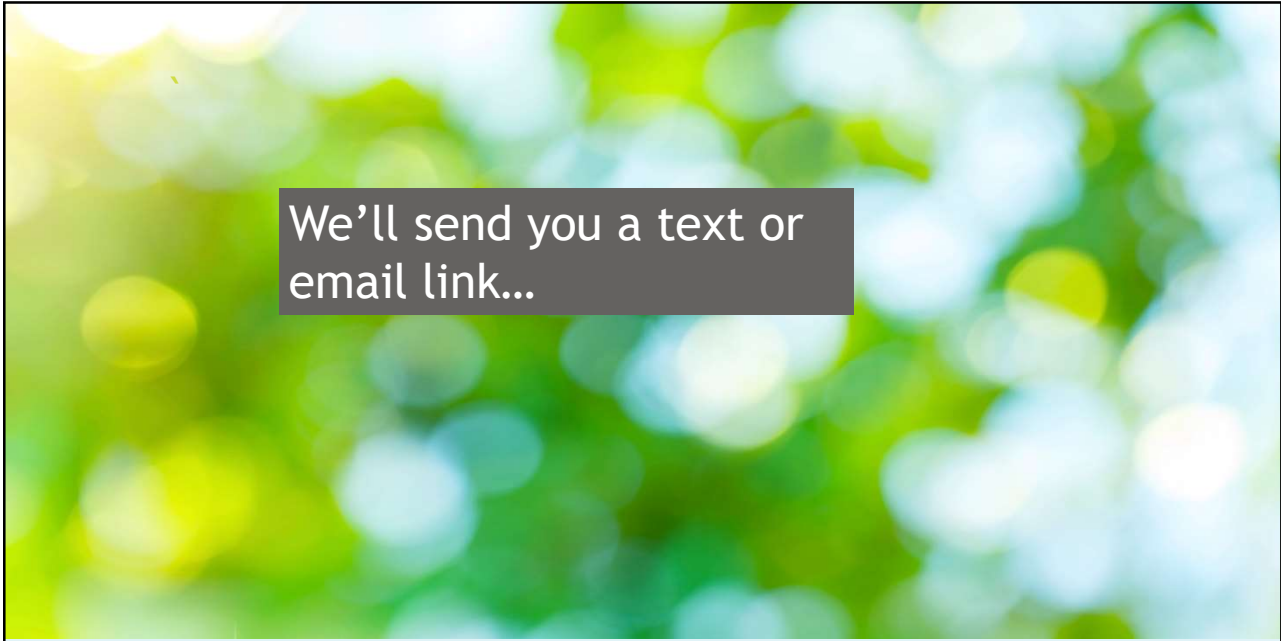


#3 With practice (by day 4 or 5) reflecting on the positive leads to noticing more positive.


#1 We have read a lot of material reviewed during last 2 take for hours.

WISER 

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We'll send you a text or email link...

WISER 


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[S] Three Good Things Exercise, Day 7:

	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	<input type="text"/>	<input type="text"/>
Good Thing #2	<input type="text"/>	<input type="text"/>
Good Thing #3	<input type="text"/>	<input type="text"/>

0% 100%

>>




49

[S] Three Good Things Exercise, Day 7:

	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	My 5 year old swam across the pool at the YMCA without any floaties for the first time today!	Pride
Good Thing #2	Watched as glorious pink/orange sunset behind the rolling hills where our leaves are changing colors - beautiful.	Awe
Good Thing #3	Made my wife laugh so hard her eyes watered, and so did mine.	<input type="text" value="Amusement"/> <ul style="list-style-type: none"> Amusement Awe Gratitude Inspiration Interest Joy Hope Love Pride Serenity Other Not Applicable

0% 100%

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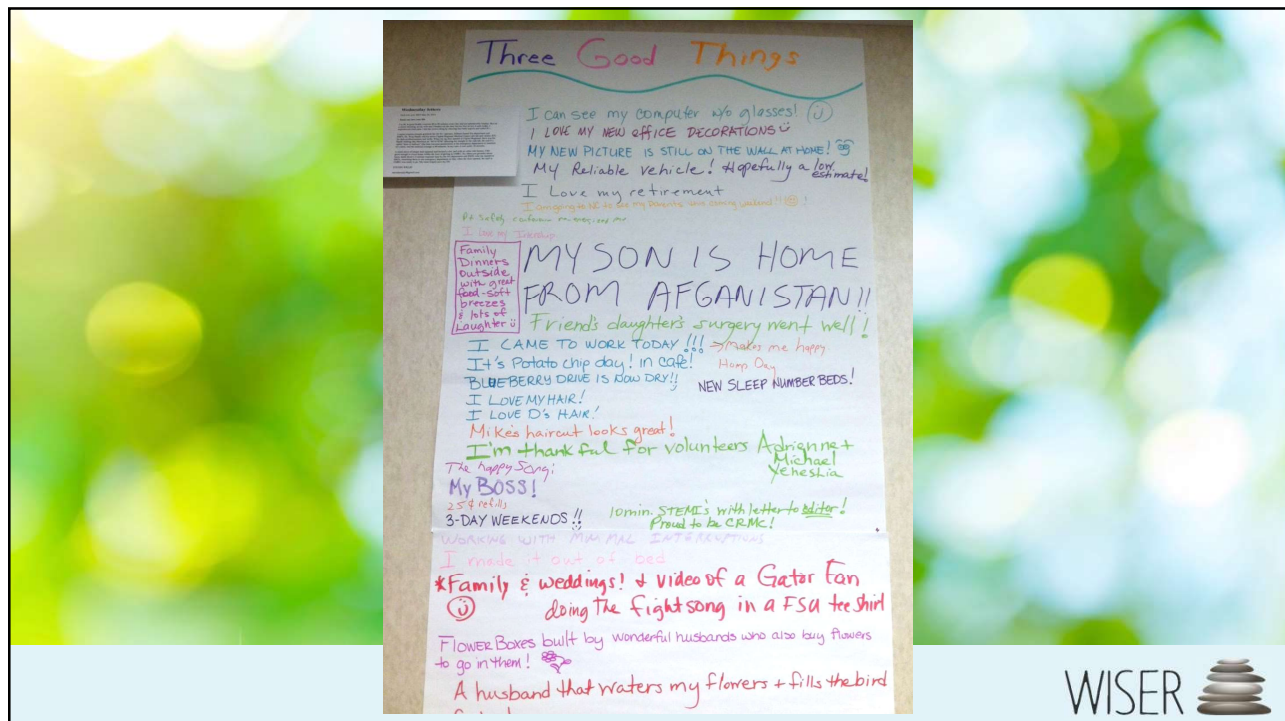


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1. [S] Three Good Things Exercise, Day 9: What went well today, and what was your role in making it happen.

Good Thing #1	Good Thing #2	Good Thing #3
Able to give positive reference for Big Brothers/Big Sisters	Healthy niece per ultrasound	Spoke with my cousin
A coworker helped me by giving a TB test to another employee, when I was not able to do it.	My dad's Dr. appt went well today.	I watched a new TV show which really made me laugh!
A delicious dinner out	Meeting new people	Exploring a new city
another gorgeous fall day and I thought ahead to take vacation!	Got the car cleaned after I made it a point to get it done.	Base ball playoffs start...Watched the Wild Card games on TV.Go Tigers!
Beautiful drive, loving the beginnings of fall color	Haircut,	Daughters working together on project,
Bought hubby great jeans for half price. As a surprise.	Meditated 20 minutes this A.M.	Had quiet peaceful dinner and evening alone.
Complimented on use of bulletin board. My role: Posting quotes and funny sayings to make people think.	Enjoyed company of friends. My role: not being too tired to meet them.	Asked to assist someone and help them out of their shell. My role: Setting a good example, I was told
Did not feel well today, really stressed with school . Got dressed up and took my daughter to scouts. This worked out well ,we were able to get out of the house and start over.	Spent afternoon while at scouts with a dear friend visiting from California. So glad to see her and be able to get a few hours in catching up. She is going through tough times with her husband. I listened patiently and praised her for all the good things that she does for her family, I empowered her by listening and not judging. She is am amazing talented and strong woman. We all need to bend an ear.	Came home , husband fixed a wonderful omelet. Then took a nap. Had some snuggle time with husband, actually sat down and watched an entire movie with son and husband.....Sitting through a whole movie or show is not always easy for me to do, so I took the time for them and put everything else aside..
Excited to work with a client in a new	Had fun teaching my class. Role: approached	Helped someone out by providing

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Meeting Agenda Item

-One good thing so far this week



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Evaluation from Participants of 3GT

96% said that they would recommend the 3 Good Things exercise to a friend

86% said that they have encouraged others to try 3 Good Things

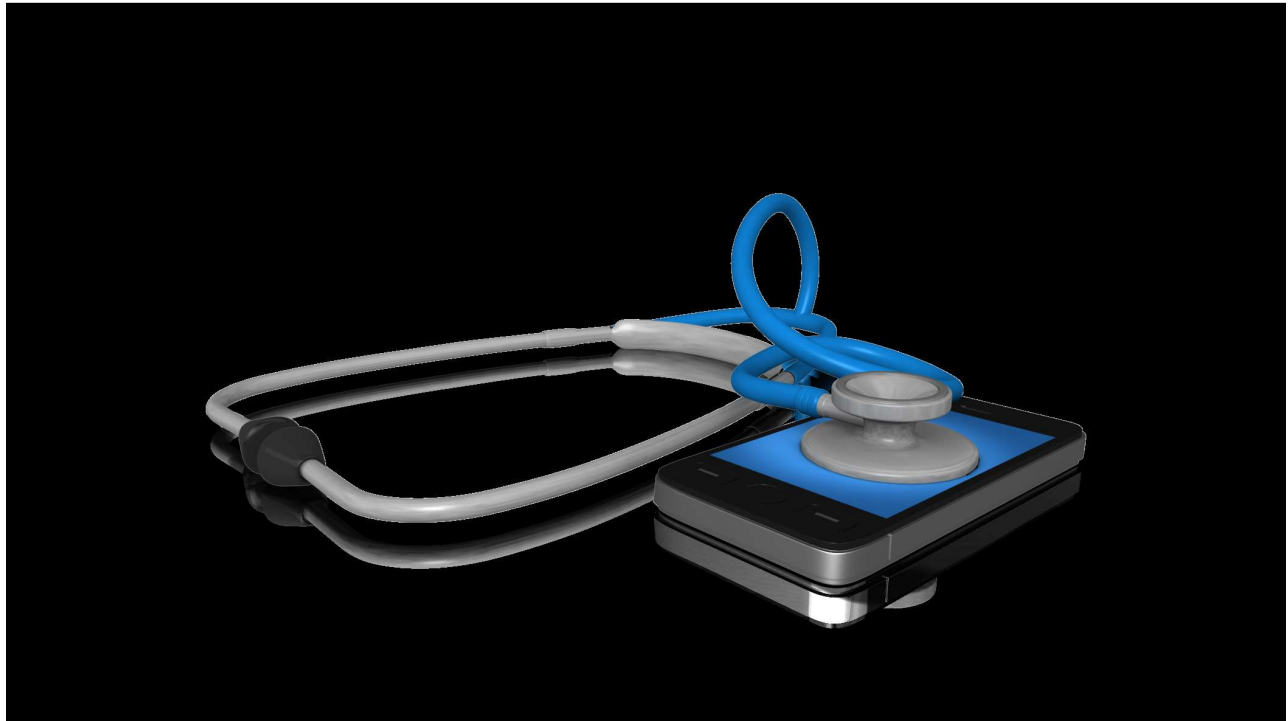
93% said they would like to participate in 3 Good Things again next year

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- 3GT on demand (start anytime)
- Choose email or text format
- Share with your colleagues (bit.ly/start3gt)

WISER 

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Please use your mobile:

point your phone camera at QR code

bit.ly/start3gt

A composite image for a mobile application. On the left, a smartphone screen shows a search bar with 'bit.ly/start3gt' entered. Below the search bar, search results are visible, including '4wiser bit.ly/start3gt' and 'Google Search bit.ly/start3gt'. A red arrow points to the search bar. On the right, a dark grey box contains the text 'bit.ly/start3gt' above a QR code. The background is a blurred green and blue bokeh.

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- Time to enroll:
2-5 minutes
- Time each evening:
2 minutes
- Time to finish:
2 weeks



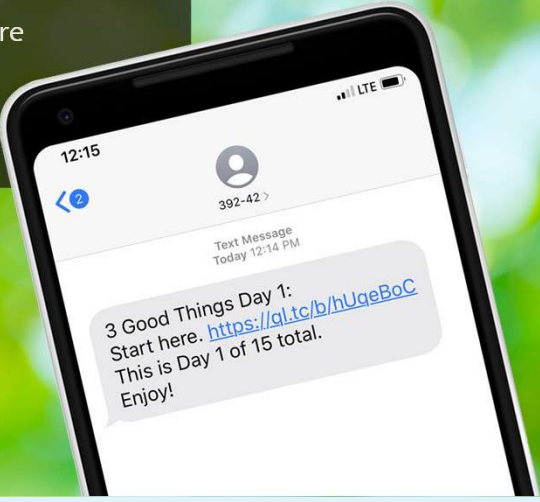
12:15
392-42
Text Message
Today 12:14 PM
3 Good Things Day 1:
Start here. <https://gl.tc/b/hUqeBoC>
This is Day 1 of 15 total.
Enjoy!

bit.ly/start3gt




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- Negative is like Velcro,
positive is like Teflon
- 3GT enhances your
ability to see the
positive that is there
- scalable from
individual to work
setting levels



12:15
392-42
Text Message
Today 12:14 PM
3 Good Things Day 1:
Start here. <https://gl.tc/b/hUqeBoC>
This is Day 1 of 15 total.
Enjoy!

bit.ly/start3gt



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Randomized Clinical Trial of Real-Time fMRI Amygdala Neurofeedback for Major Depressive Disorder: Effects on Symptoms and Autobiographical Memory Recall

Kymberly D. Young, Ph.D., Greg J. Siegle, Ph.D., Vadim Zotev, Ph.D., Raquel Phillips, B.S., Masaya Misaki, Ph.D., Han Yuan, Ph.D., Wayne C. Drevets, M.D., Jerzy Bodurka, Ph.D.

Objective: Patients with depression show blunted amygdala hemodynamic activity to positive stimuli, including autobiographical memories. The authors examined the therapeutic efficacy of real-time functional MRI neurofeedback (rtfMRI-nf) training aimed at increasing the amygdala's hemodynamic response to positive memories in patients with depression.

Method: In a double-blind, placebo-controlled, randomized clinical trial, unmedicated adults with depression (N=36) were randomly assigned to receive two sessions of rtfMRI-nf either from the amygdala (N=19) or from a parietal control region not involved in emotional processing (N=17). Clinical scores and autobiographical memory performance were assessed at baseline and 1 week after the final rtfMRI-nf session. The primary outcome measure was change in score on the Montgomery Åsberg Depression Rating Scale (MADRS), and the main analytic approach consisted of a linear mixed-model analysis.

Results: In participants in the experimental group, the hemodynamic response in the amygdala increased relative to their own baseline and to the control group. Twelve participants in the amygdala rtfMRI-nf group, compared with only two in the control group, had a >50% decrease in MADRS score. Six participants in the experimental group, compared with one in the control group, met conventional criteria for remission at study end, resulting in a number needed to treat of 4. In participants receiving amygdala rtfMRI-nf, the percent of positive specific memories recalled increased relative to baseline and to the control group.

Conclusions: rtfMRI-nf training to increase the amygdala hemodynamic response to positive memories significantly decreased depressive symptoms and increased the percent of specific memories recalled on an autobiographical memory test. These data support a role of the amygdala in recovery from depression.

Am J Psychiatry 2017; 174:748–755; doi: 10.1176/appi.ajp.2017.16060657

Depression is a common and disabling condition (1). With approximately two-thirds of patients not responding fully to treatment (2), investigation into novel therapeutic approaches is warranted. One novel approach is real-time functional MRI neurofeedback (rtfMRI-nf), in which an individual receives information about the blood-oxygen-level-dependent (BOLD) signal from their brain in real time and learns to self-modulate this signal (3, 4). Emerging evidence suggests that rtfMRI-nf has clinical utility in chronic pain (5), smoking cessation (6), anxiety (7), and depression (8, 9). In the present study, we conducted a randomized clinical trial to test the therapeutic potential of rtfMRI-nf training to enhance the amygdala hemodynamic response to positive autobiographical memory recall for depression.

Research supports a critical role of the amygdala in emotional memory (10). While much attention has focused on the amygdala's role in processing and responding to negative

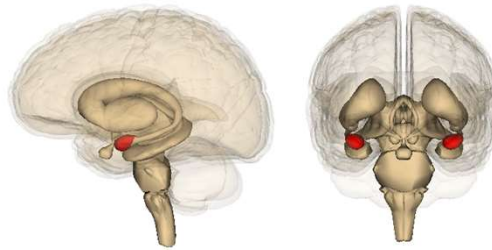
and fearful emotional stimuli (11), evidence indicates that the amygdala more generally influences the perceived salience of stimuli and events (12), and amygdala engagement appears to be critical for emotional processing and responding to both negative and positive stimuli (13), including autobiographical memories (14, 15). Furthermore, the amygdala has neuroanatomical connections with regions governing affective memory and emotion regulation, including the hippocampus, anterior cingulate, and orbitofrontal cortices (16, 17), and it has reciprocal functional connectivity with these regions during tasks involved in emotion regulation (18) and emotional memory recall (19).

The amygdala also plays a major role in the pathology of depression (20). In depressed participants, the amygdala response is “doubly dissociated” relative to the response in control subjects, showing exaggerated responses to negative stimuli and attenuated responses to positive stimuli (21, 22),

See related features: **Editorial** by Dr. Williams (p. 717), **CME course** (p. 817), **AJP Audio** (online), and **Video** by Dr. Pine (online)

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Am J Psychiatry 174:8, August 2017



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Randomized Clinical Trial of Real-Time fMRI Amygdala Neurofeedback for Major Depressive Disorder: Effects on Symptoms and Autobiographical Memory Recall

Kymberly D. Young, Ph.D., Greg J. Siegle, Ph.D., Vadim Zotev, Ph.D., Raquel Phillips, B.S., Masaya Misaki, Ph.D., Han Yuan, Ph.D., Wayne C. Drevets, M.D., Jerzy Bodurka, Ph.D.

Objective: Patients with depression show blunted amygdala hemodynamic activity to positive stimuli, including autobiographical memories. The authors examined the therapeutic efficacy of real-time functional MRI neurofeedback (rtfMRI-nf) training aimed at increasing the amygdala's hemodynamic response to positive memories in patients with depression.

Method: In a double-blind, placebo-controlled, randomized clinical trial, unmedicated adults with depression (N=36) were randomly assigned to receive two sessions of rtfMRI-nf either from the amygdala (N=19) or from a parietal control region not involved in emotional processing (N=17). Clinical scores and autobiographical memory performance were assessed at baseline and 1 week after the final rtfMRI-nf session. The primary outcome measure was change in score on the Montgomery Åsberg Depression Rating Scale (MADRS), and the main analytic approach consisted of a linear mixed-model analysis.

Results: In participants in the experimental group, the hemodynamic response in the amygdala increased relative to their own baseline and to the control group. Twelve participants in the amygdala rtfMRI-nf group, compared with only two in the control group, had a >50% decrease in MADRS score. Six participants in the experimental group, compared with one in the control group, met conventional criteria for remission at study end, resulting in a number needed to treat of 4. In participants receiving amygdala rtfMRI-nf, the percent of positive specific memories recalled increased relative to baseline and to the control group.

Conclusions: rtfMRI-nf training to increase the amygdala hemodynamic response to positive memories significantly decreased depressive symptoms and increased the percent of specific memories recalled on an autobiographical memory test. These data support a role of the amygdala in recovery from depression.

Am J Psychiatry 2017; 174:748–755; doi: 10.1176/appi.ajp.2017.16060657

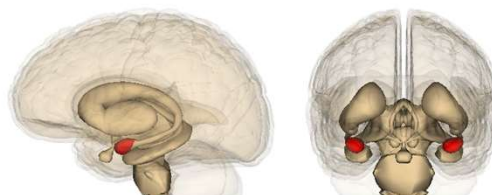
Depression is a common and disabling condition (1). With approximately two-thirds of patients not responding fully to treatment (2), investigation into novel therapeutic approaches is warranted. One novel approach is real-time functional MRI neurofeedback (rtfMRI-nf), in which an individual receives information about the blood-oxygen-level-dependent (BOLD) signal from their brain in real time and learns to self-modulate this signal (3, 4). Emerging evidence suggests that rtfMRI-nf has clinical utility in chronic pain (5), smoking cessation (6), anxiety (7), and depression (8, 9). In the present study, we conducted a randomized clinical trial to test the therapeutic potential of rtfMRI-nf training to enhance the amygdala hemodynamic response to positive autobiographical memory recall for depression.

Research supports a critical role of the amygdala in emotional memory (10). While much attention has focused on the amygdala's role in processing and responding to negative

and fearful amygdala stimuli and be critical negative anatomical memory anterior ci has recip during tas rational mer The an depressio response i control su stimuli an

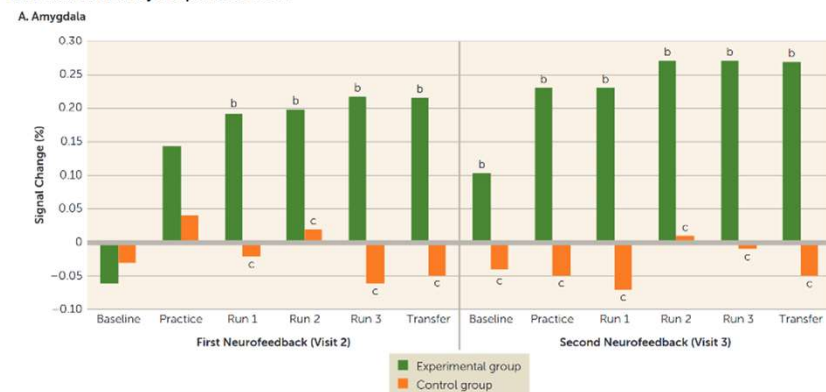
See related features: **Editorial** by Dr. Williams (p. 717), **CME course** (p. 817), **AJP A**

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REAL-TIME fMRI AMYGDALA NEUROFEEDBACK FOR MAJOR DEPRESSION

FIGURE 1. Regional Percent Signal Change for Each Region of Interest, Run, and Group in a Trial of Real-Time fMRI Amygdala Neurofeedback for Major Depressive Disorder^a



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3-Minute Video
Well Being Q&A
Three Good Things
bit.ly/3gtdemo
WISER

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GLAND JOURNAL of MEDICINE
JANUARY 21, 2010
JANUARY 14, 2010
JANUARY 7, 2010
NOVEMBER 26, 2009
NOVEMBER 12, 2009
NOVEMBER 5, 2009
OCTOBER 29, 2009
Volume 151 Number 3
Volume 151 Number 5

BMJ
QUALITY & SAFETY
April 2018 Volume 27 Issue 4

Ethnography to study healthcare improvements
Learning from voided computer medication orders

Providing Feedback: the secret sauce in Safety WalkRounds?
qualitysafety.bmj.com

The Health Foundation **BMJ**

WELCOME TO WELL-B

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Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout

Original Research

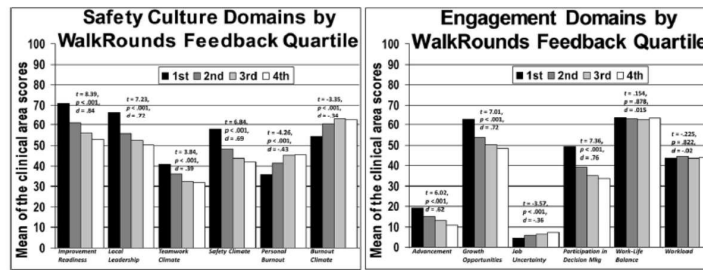


Figure 2 SCORE (Safety, Communication, Operational Reliability, and Engagement) domains displayed by WalkRounds feedback quartiles.

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Traditional Patient Safety Rounding Frame:

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



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Positive Rounding Frame:

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

WELCOME TO
WELL-B

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The Joint Commission

Joint Commission Resources

FOR IMMEDIATE RELEASE

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

View the [multimedia news release](#)

NEWS RELEASE

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

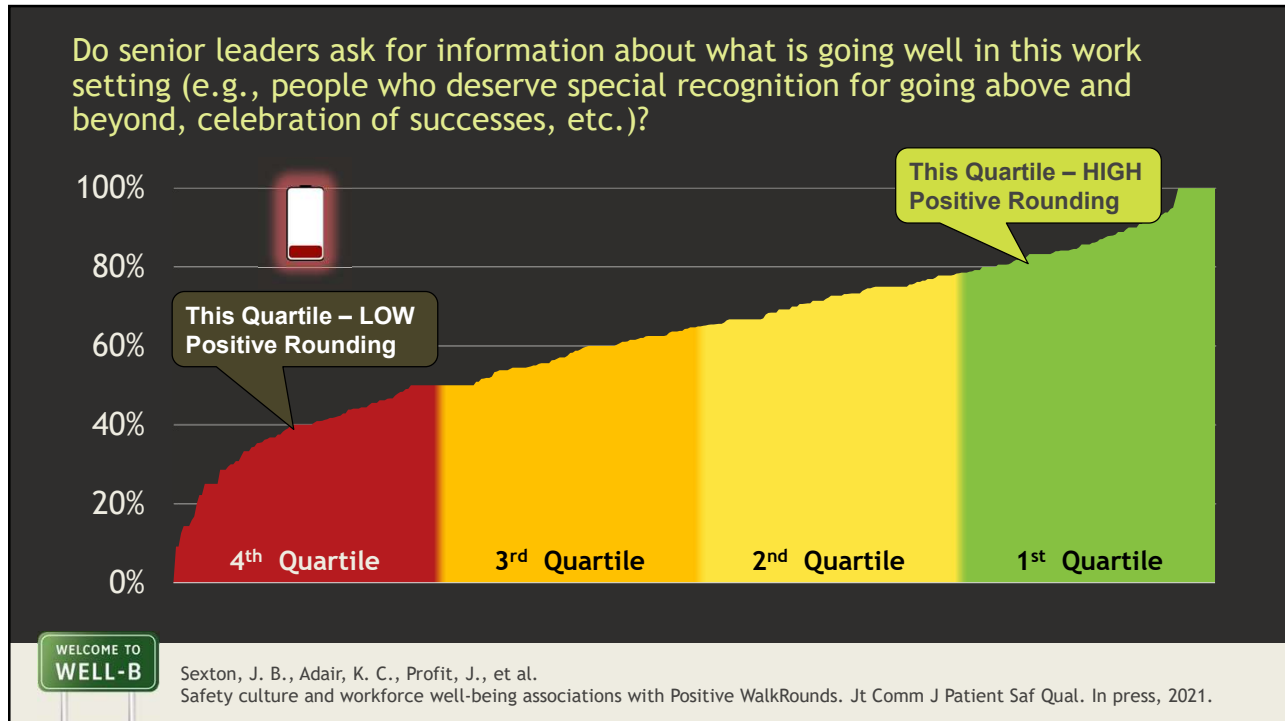
Study in July 2021 issue of The Joint Commission Journal on Quality and Patient Safety

(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.

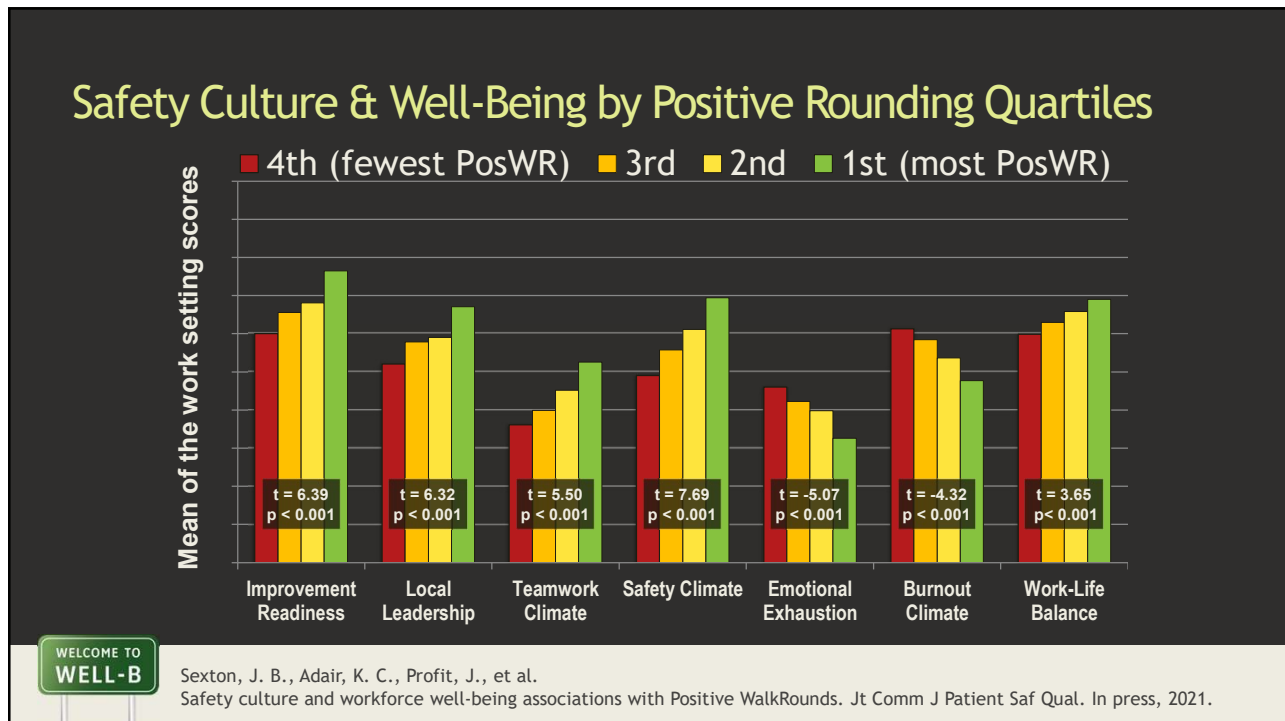
The study, “[Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds](#),” was completed at Duke University Health System, Durham, North Carolina, and involved senior leaders who were encouraged to conduct PosWR, an organizational practice in which leaders conduct rounds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

WELCOME TO
WELL-B

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Downloaded from <http://qualitysafety.bmj.com/> on October 31, 2017 - Published by group.bmj.com
 BMJ Quality & Safety Online First, published on 9 October 2017 as 10.1136/bmjqs-2016-006399
 ORIGINAL RESEARCH

Providing feedback following

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.

J Bryan Sexton,^{1,2} Kathryn C Adair,³
 Michael W Leonard,^{4,5} Terri Christensen Frankel,⁴ Joshua Proulx,⁴
 Sam R Watson,⁶ Brooke Magnus,⁷ Brittany Bogan,⁸ Maleek Jamal,⁹
 Rene Schwendimann,¹⁰ Allan S Frankel⁴


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

end of article. association between receiving feedback about actions taken as a result of WR and healthcare worker assessments of patient safety culture, employee that can be an empowering resource for HCW² at a time when resources are

Correspondence to: [unreadable]



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Pausing and reflecting is the secret sauce for:

- individual interventions
- institutional interventions
- effective leadership practices

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Session Summary

- Well-being is the ability to see the good *and* the bad across situations.
- Access to positive emotions is key to understating burnout and burnout interventions
- Evidence-based bite-sized strategies have enduring effects



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Things to do...

- Finish bit.ly/start3gt
- Share/show the 3GT video: bit.ly/3gtdemo
- Share tool flyer
- Look for the role of positive emotions in interventions/activities intended to help well-being
- Meeting agenda item: 1 good thing so far this week?



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Enduring Resources *(for Pausing & Reflecting)*

Institutional resources

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

Individual resources

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

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

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

bit.ly/start3it | 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/psfbtool | 3 minutes | 8 days
Positive Feedback. Cultivate the ability to uplift others.

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

bit.ly/selfcomp | 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/sleep | 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

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What questions do you have?

WISER

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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  Bite-sized Evidence-based Well-being Webinar Series

 Duke Center for
Healthcare Safety and Quality

 DukeHealth

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Well-Being Redefined: The ability to “do stuff”

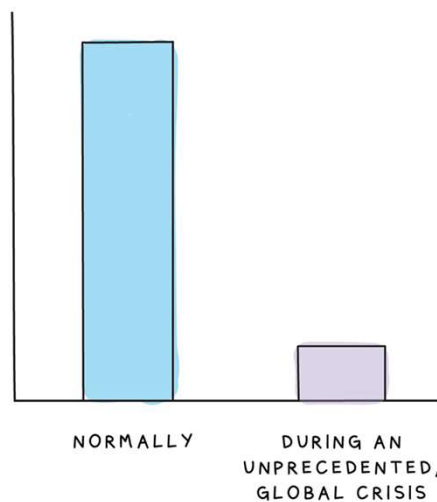


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We need
bite-sized
strategies



HOW MUCH I'M ABLE
TO GET DONE



LIZ FOSSLIE
© LIZ AND MOLLIE

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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. Tawfik⁷ · Joseph Rigdon⁸ · Jeffrey B. Gould^{1,2} · Henry C. Lee^{1,2} · Wendy L. Timpson⁹ · Martin J. McCaffrey¹⁰ · Alexis S. Davis¹ · Mohan Pammi¹¹ · Melissa Matthews¹² · Ann R. Stark¹³ · Lu-Ann Papile¹⁴ · Eric Thomas¹⁵ · 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 in reduce 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); $p = 0.022$) 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

Outcome	Baseline	1-mo post	6-mo post
Emotional Exhaustion	55.7	49.4	48.9
Work-Life Integration	47.8	36.0	31.5

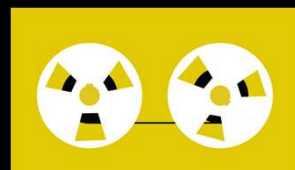
Fig. 2 Effect of WISER on the percent concerning scale. Statistical month post provided in brackets.

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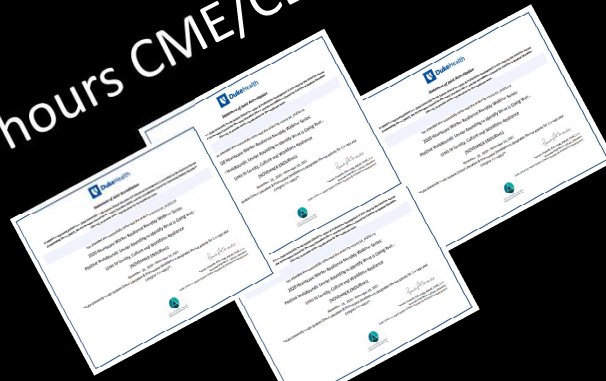




Recorded



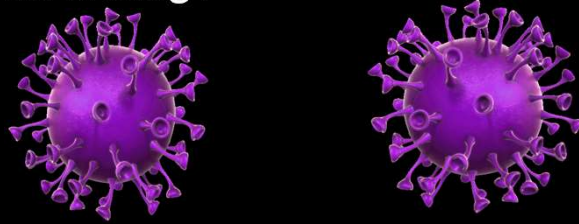
4 hours CME/CEU



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

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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



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To enroll:
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or scan QR code



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What questions do you have?

3GT TOOL

| bit.ly/start3gt





Oct 10-13 2022
4 hr essentials

| bit.ly/wellbduke

3 min VIDEO

| bit.ly/3gtdemo



@JBryanSexton1

WISER



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