



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

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Healthcare Safety and Quality
Duke University Health System

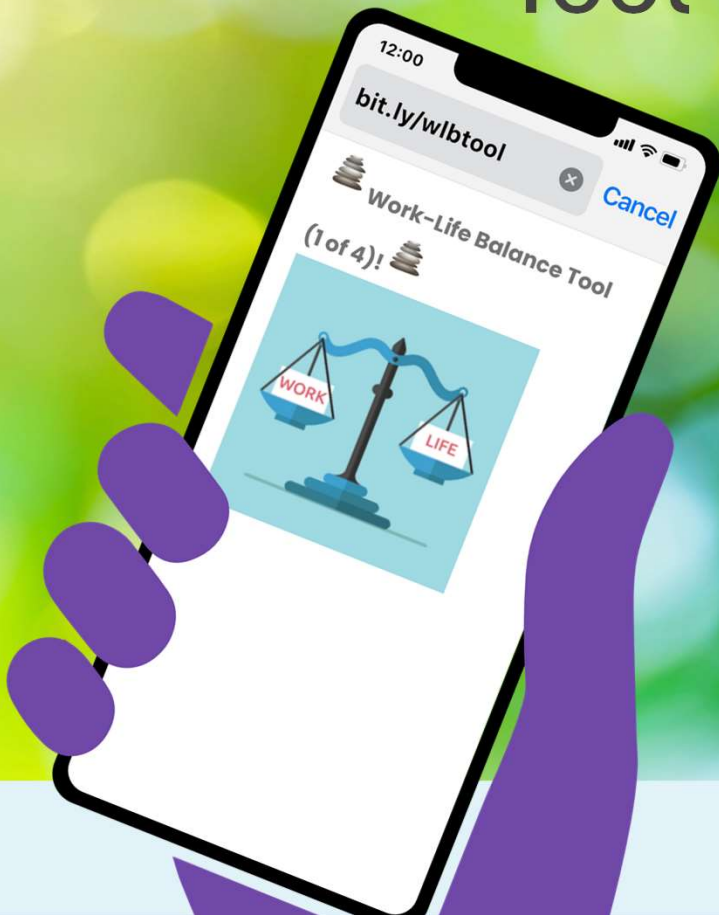
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2 links

Tool

Resources

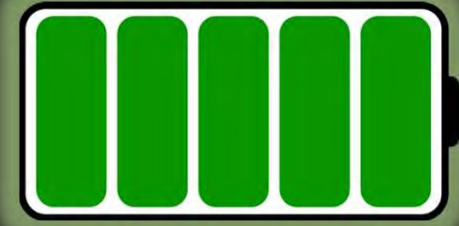


Well-Being Redefined

The ability to “do stuff”



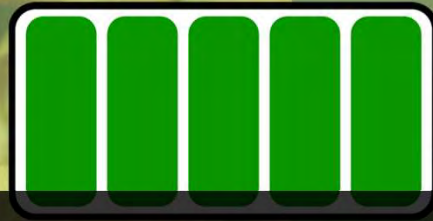
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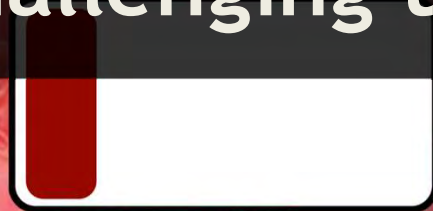
Persevered:

19 min



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

8 min



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



The need for better well-being resources

Scope of pandemic exhaustion

Responsiveness of Metrics to Interventions

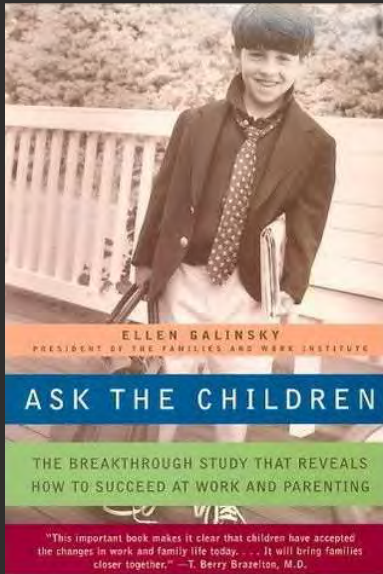
Introduce Tool & Well-Being Series

Shift focus from business to well-being

Wellbeing

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Ask the kids...



National Study
of the Changing
Workforce

65% of children (age 8–18)
of working parents:
worried about parents
wish parents were less stressed
and less tired

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work



home

What if there were a metric
so potent that it predicted
clinical outcomes,
operational outcomes, safety
culture, and well-being?



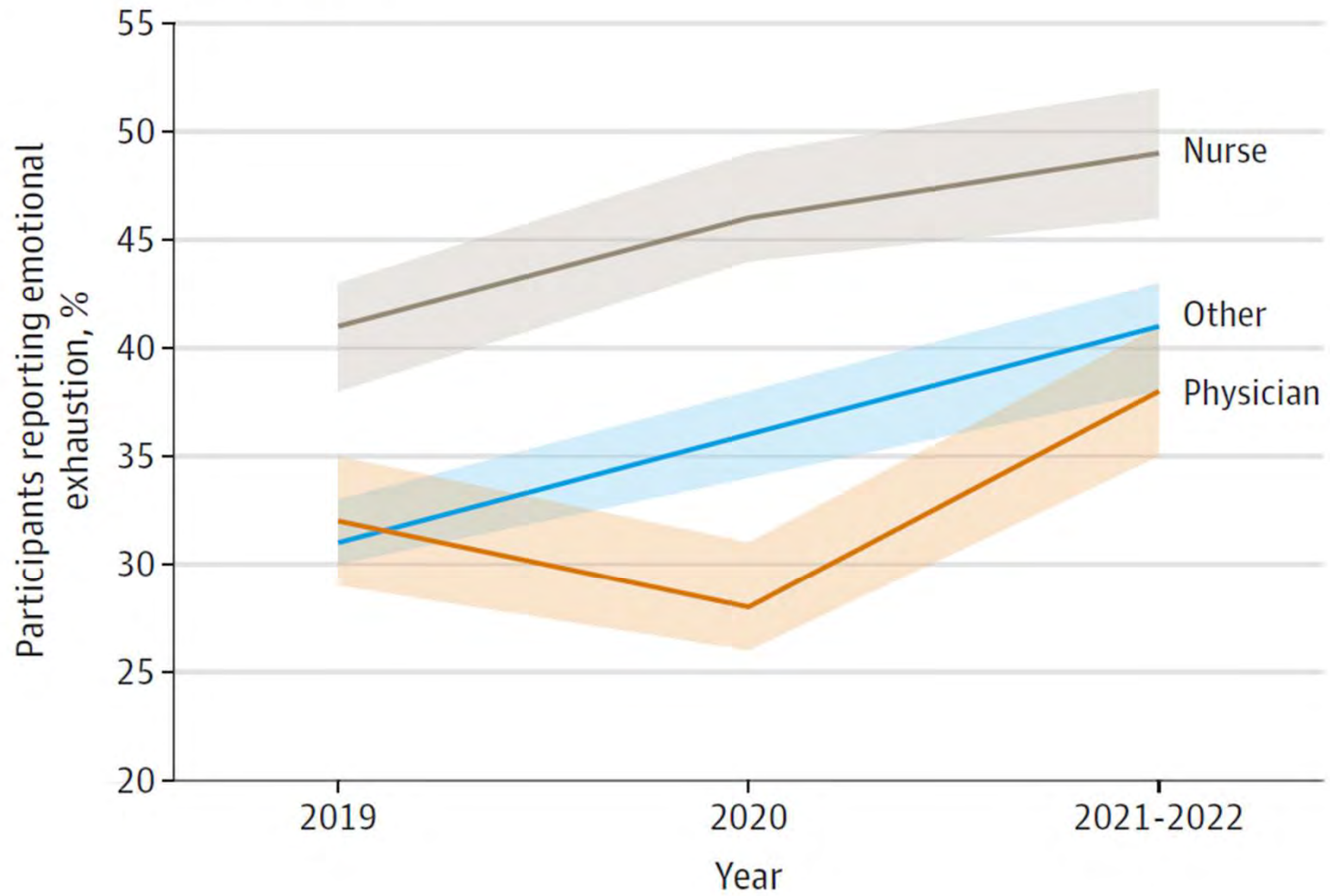
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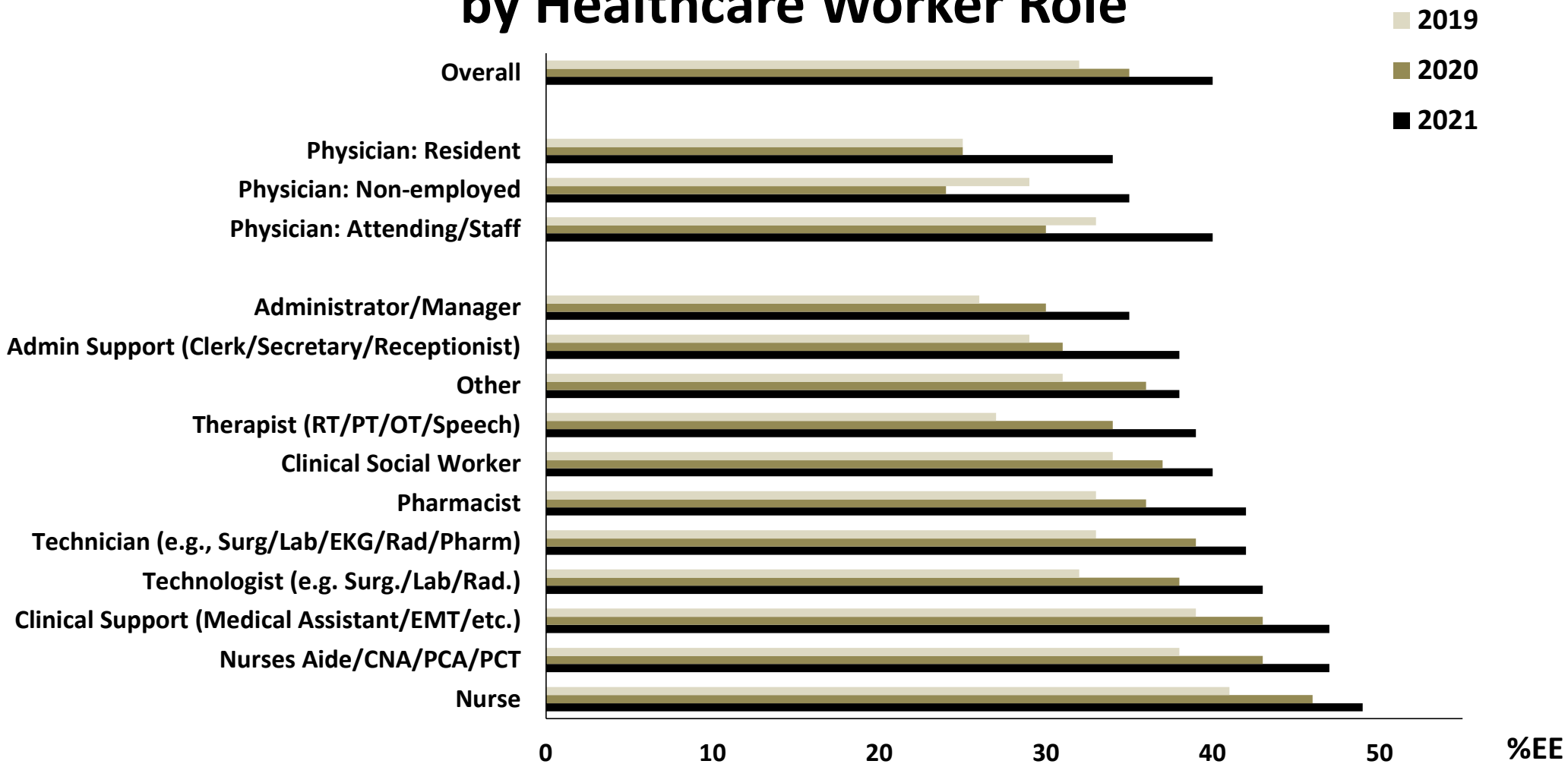
**We have emotional exhaustion
data from 30,000 healthcare
workers in:
Sept 2019
Sept 2020
Sept 2021/Jan 2022**

In press at JAMA Network Open

A Emotional exhaustion



Emotional Exhaustion by Healthcare Worker Role



Estimating the Attributable Cost of Physician Burnout in the United States

Shasha Han, MS; Tait D. Shanley, MD; Lynne C. Fiscus, MD, MPH; Karim M. Awad, MD; Liselotte N. Dyrbye, MD, MHPE;

Background: Although physician burnout has negative clinical and organizational costs, these costs are poorly understood and cannot be properly assessed. We cannot properly assess the economic burden of physician burnout.

Objective: To estimate the attributable cost of physician turnover and physician burnout in the United States and organizational level.

Design: Cost-consequence model.

Setting: United States.

Participants: Simulated population of physicians.

Measurements: Model inputs were based on contemporary published research findings and industry reports.

Results: On a national scale, the conservative base-case model estimates that approximately \$4.6 billion in costs related to physician burnout is attributable to burnout in the United States. This estimate ranged from \$1.5 billion to \$7.7 billion. At the organizational level, the annual economic cost attributable to turnover and reduced clinical hours is approximately \$7600 per employed physician each year.

MD Burnout is **expensive:**
\$4.6 billion

Quality of nonresponse bias and incomplete data in source data. Some parameters were estimated and had to be extrapolated. Together with previous evidence that burnout can effectively be reduced with moderate levels of investment, these findings suggest substantial economic value for policy and organizational expenditures for burnout reduction programs for physicians.

Ann Intern Med. doi:10.7326/M18-1422
For author affiliations, see end of text.
This article was published at Annals.org on 28 May 2019.

Annals.org

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Original Investigation | Psychiatry

Clinical and Financial Outcomes Associated With a Workplace Mental Health Program Before and During the COVID-19 Pandemic

Julia Bondar, MD; Cecina Babich Morrow, BA; Ralitzza Gueorgieva, PhD; Millard Brown, MD; Matt Hawrilenko, PhD; John H. Krystal, MD; Philip R. Corlett, PhD; Adam M. Chekroud, PhD

Abstract

IMPORTANCE Investment in workplace wellness programs is increasing despite concerns about lack of clinical benefit and return on investment (ROI). In contrast, outcomes from workplace mental health programs, which treat mental health difficulties more directly, remain mostly unknown.

OBJECTIVE To determine whether participation in an employer-sponsored mental health benefit was associated with improvements in depression and anxiety, workplace productivity, and ROI as well as to examine factors associated with clinical improvement.

DESIGN, SETTING, AND PARTICIPANTS This cohort study included participants in a US workplace mental health program implemented by 66 employers across 40 states from January 1, 2018, to January 1, 2021. Participants were employees who enrolled in the mental health benefit program and had at least moderate anxiety or depression, at least 1 appointment, and at least 2 outcome measurements.

RESULTS We included 1132 participants (520 of 724 who reported gender [71.8%] were female; mean [SD] age, 32.9 [8.8] years) who were employed by 66 employers across 40 states from January 1, 2018, to January 1, 2021. Participants were employees who enrolled in the mental health benefit program and had at least moderate anxiety or depression, at least 1 appointment, and at least 2 outcome measurements.

MAIN OUTCOMES AND MEASURES Primary outcomes were the Patient Health Questionnaire-9 for depression (range, 0-27) score and the Generalized Anxiety Disorder 7-item scale (range, 0-21) score. The ROI was calculated by comparing the cost of treatment to salary costs for time out of the workplace due to mental health symptoms, measured with the Sheehan Disability Scale. Data were collected through 6 months of follow-up and analyzed using mixed-effects regression.

RESULTS A total of 1132 participants (520 of 724 who reported gender [71.8%] were female; mean [SD] age, 32.9 [8.8] years) were included. Participants reported improvements from pretreatment to posttreatment in depression ($b = -6.34$; 95% CI, -6.76 to -5.91 ; Cohen $d = -1.11$; 95% CI, -1.18 to -1.03) and anxiety ($b = -6.28$; 95% CI, -6.77 to -5.91 ; Cohen $d = -1.21$; 95% CI, -1.30 to -1.13). Symptom change per log-day of treatment was similar post-COVID-19 vs pre-COVID-19 for depression ($b = -0.10$; 95% CI, -0.19 to 0.38) and anxiety ($b = 0.08$; 95% CI, -0.22 to 0.38).

Workplace salary savings at 6 months at the federal median wage was US \$3440 (95% CI, \$2730-\$4151) with positive ROI across all wage groups.

CONCLUSIONS AND RELEVANCE Results of this cohort study suggest that an employer-sponsored workplace mental health program was associated with large clinical effect sizes for employees and positive financial ROI for employers.

JAMA Network Open. 2022;5(6):e2216349. doi:10.1001/jamanetworkopen.2022.16349

Key Points

Question Is participation in a comprehensive employer-sponsored mental health benefit associated with reduced symptoms for employees and positive financial return on investment for employers?

Findings In this cohort study of 1132 employees participating in a workplace mental health program from 66 employers in the US, participants reported reduced symptoms of depression and anxiety. The program provided a positive return on investment for all salaries above the federal minimum wage.

Meaning Results of this study suggest that employer-sponsored, evidence-based workplace mental health programs can be beneficial for both employers and employees.

+ Supplemental content

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

..employer-sponsored, evidence-based workplace mental health programs can be beneficial for both employers and employees (anxiety & depression)

ROI at 6 mo \$3440

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**How does the emotional
exhaustion of others impact me?**

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

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

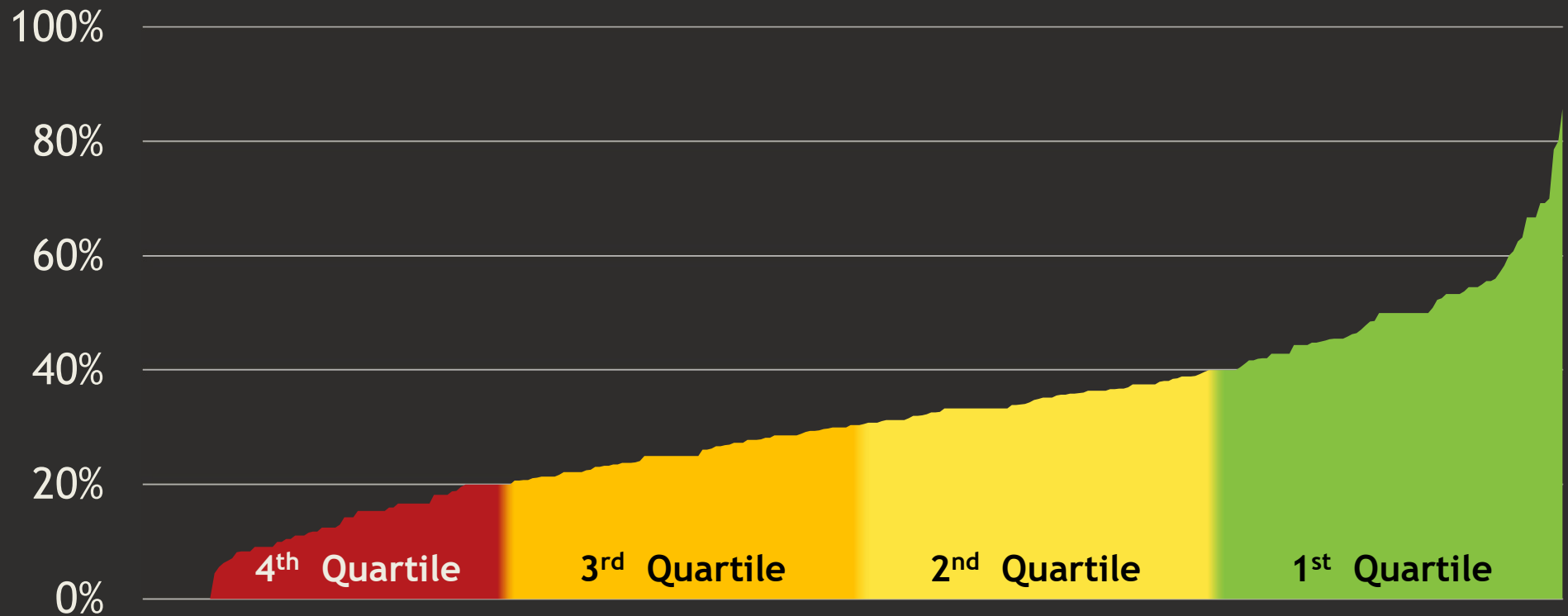
Background: Disruptive and unprofessional behaviors occur frequently in health care and adversely affect patient care and health care worker job satisfaction. These behaviors have rarely been evaluated at a work setting level, nor do we fully understand how disruptive behaviors (DBs) are associated with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

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

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

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

One Or More People In This Work Setting Report Observing This Behavior



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Association Between Disruptive Behaviors (DBs) and Other Culture Measures

Teamwork Climate, Work-life Climate, Personal Burnout, Safety Climate, and Depression Symptoms by DB Quartile

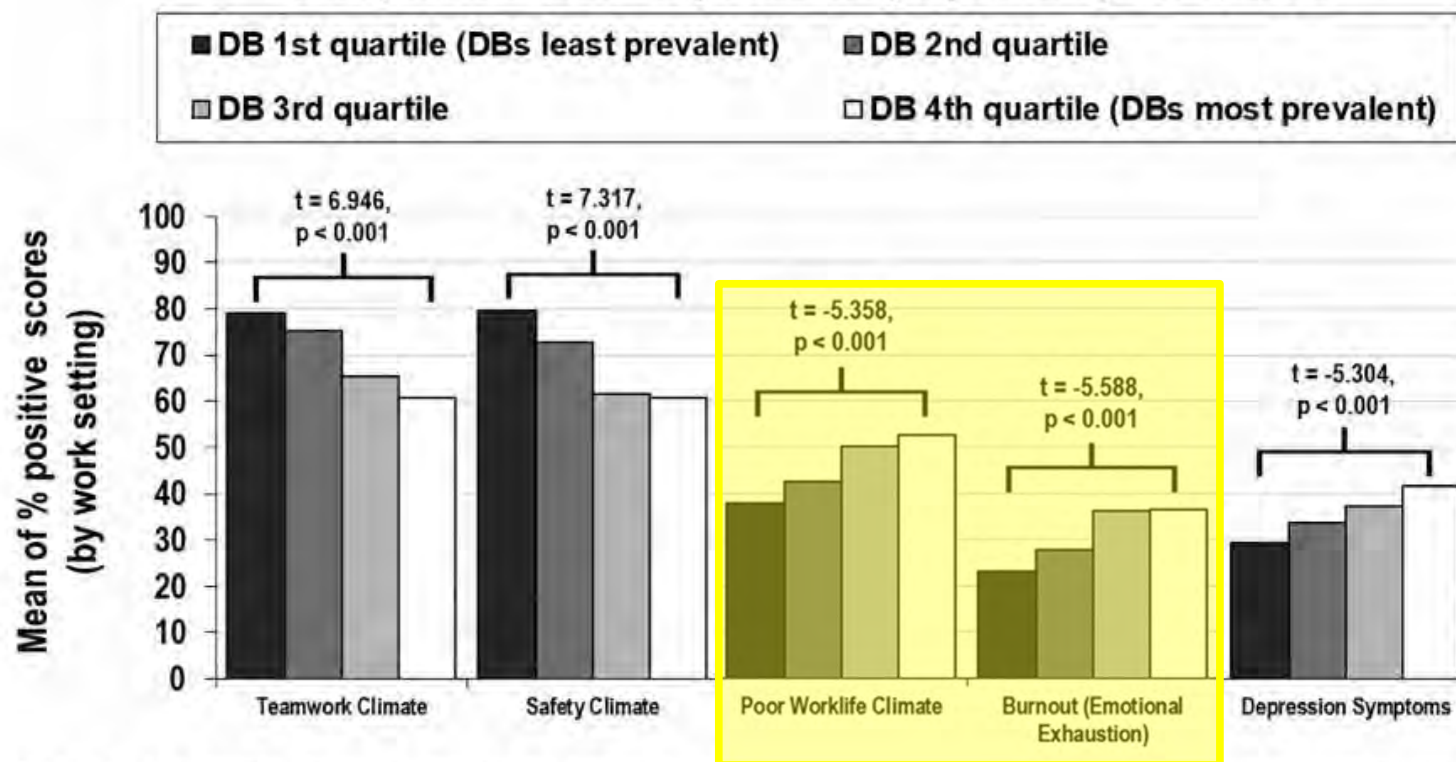
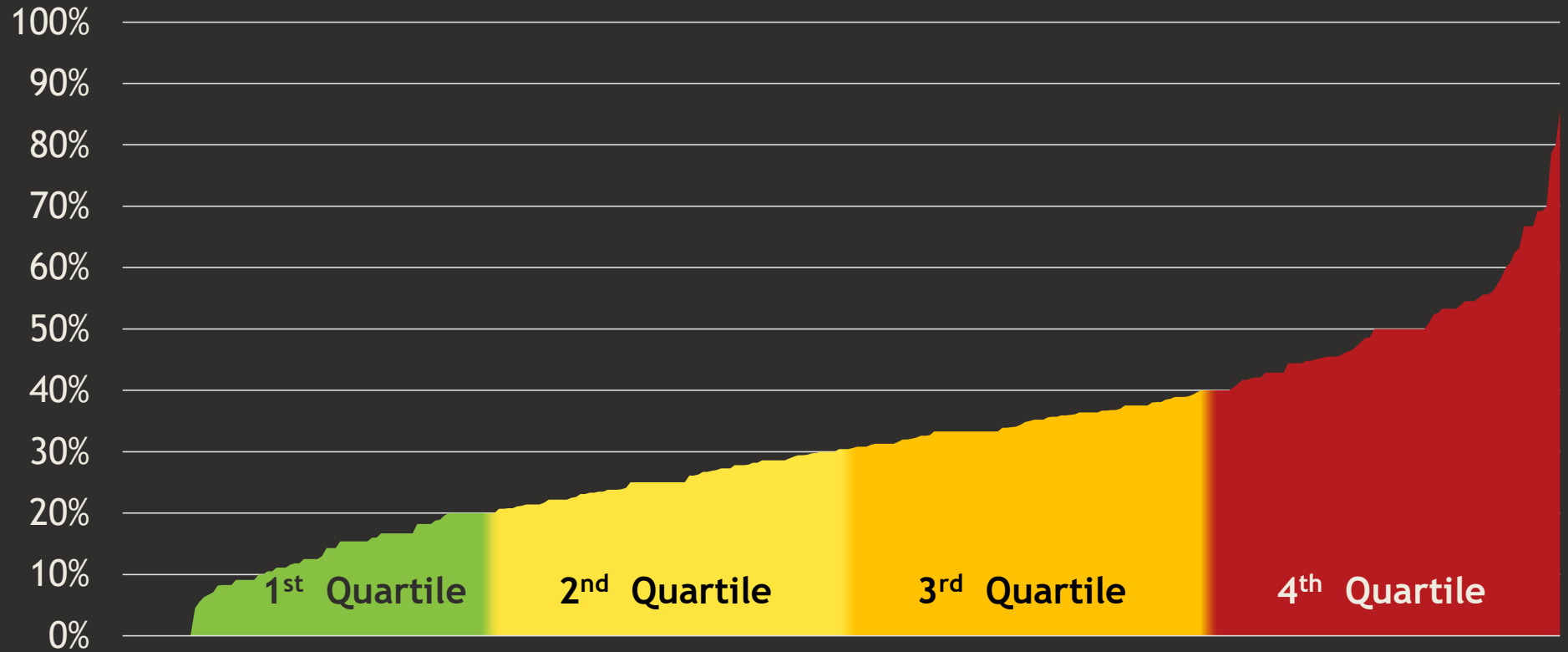


Figure 3: The graphs show the association between disruptive behaviors (by quartile) and other culture measures—teamwork climate, work-life climate, personal burnout, safety climate, and depression symptoms.

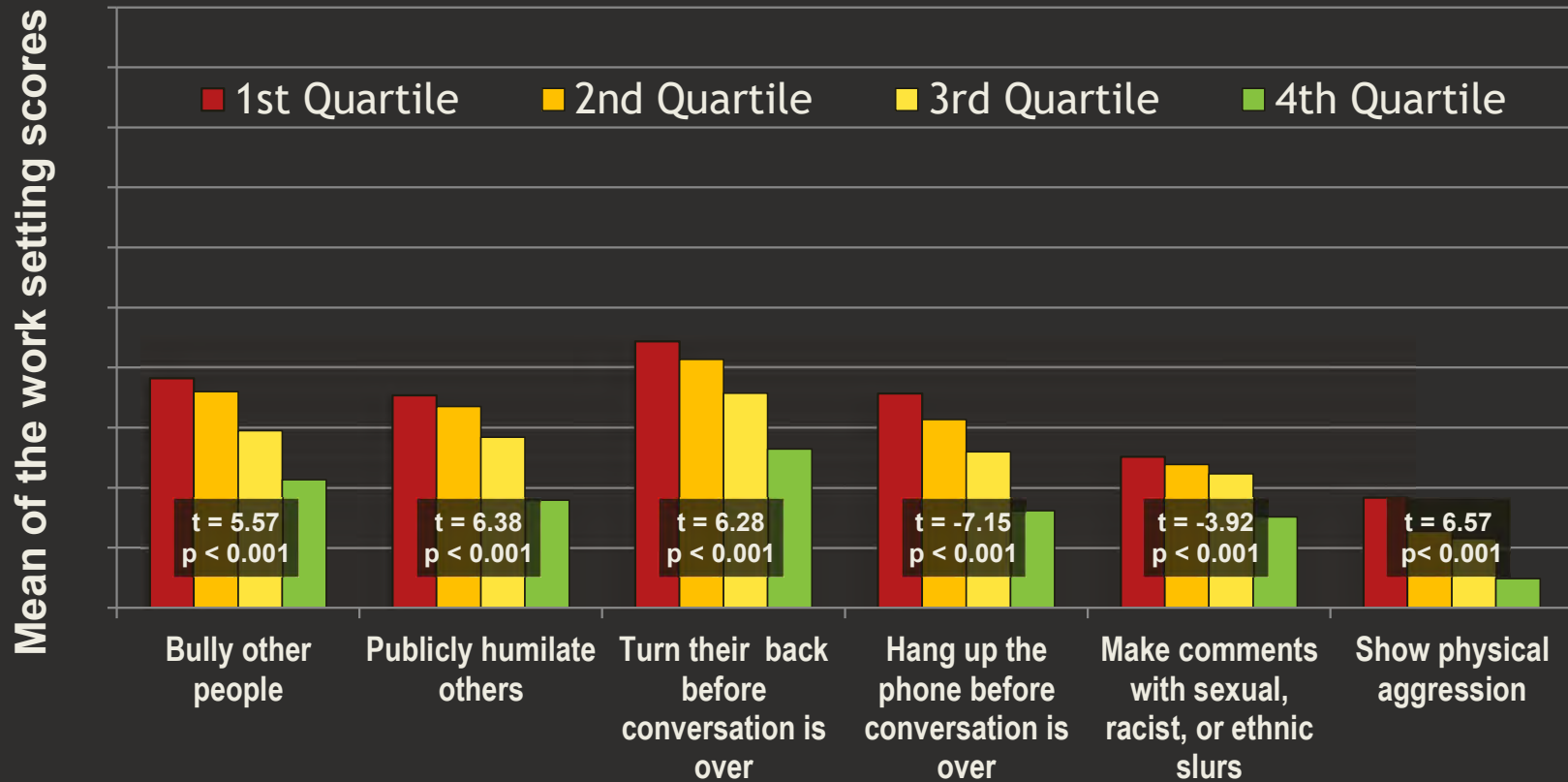
Emotional Exhaustion



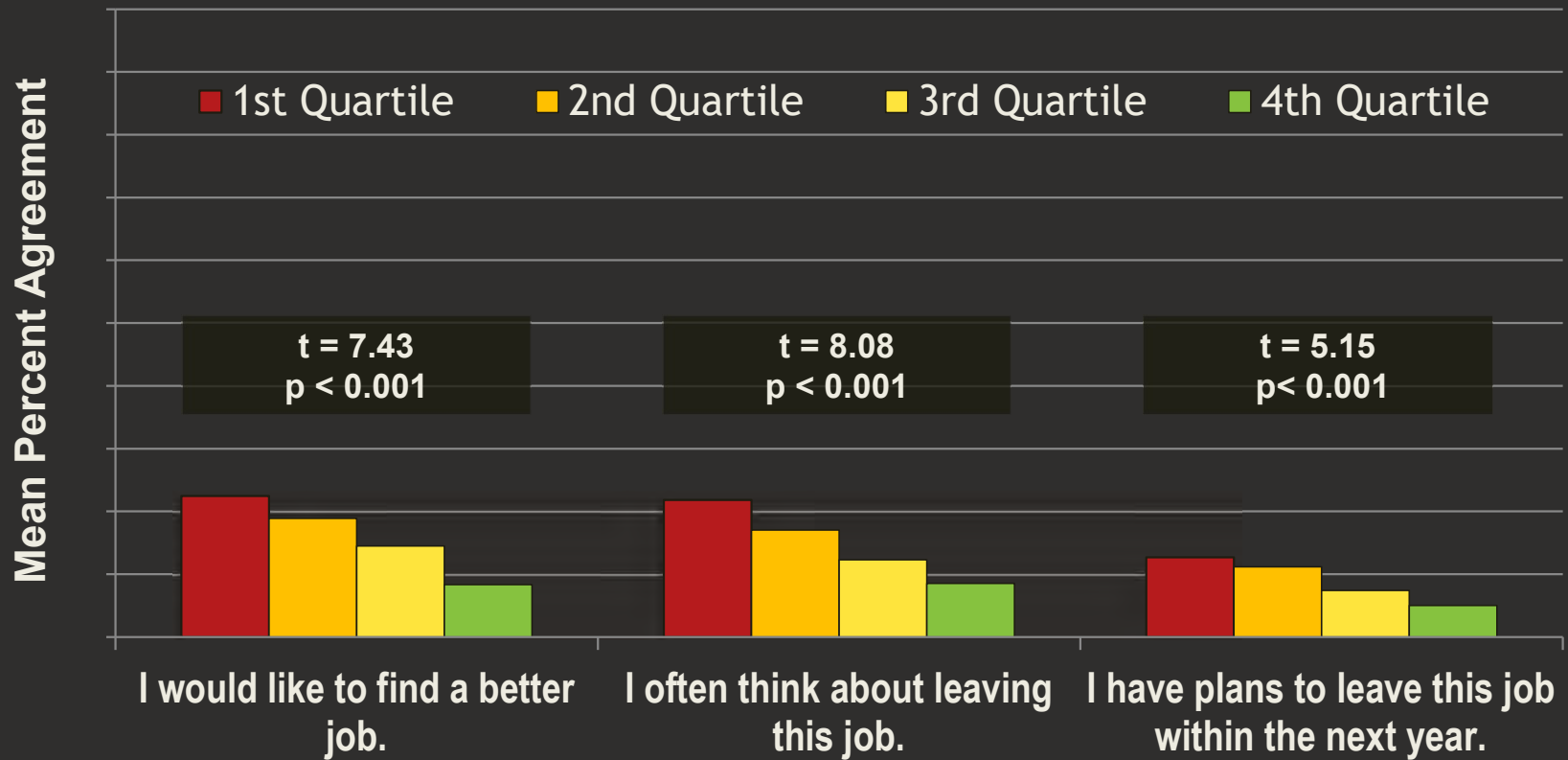
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Adair, Rehder & Sexton 2021

Disruptive Behavior Rates across 319 Work Settings by Emotional Exhaustion Quartiles



Intention to Leave Rates across 319 Work Settings by Emotional Exhaustion Quartiles



Satisfaction vs Behaviors



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BMJ

In the past week:

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

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Chapel Hill Children's Hospital,
Chapel Hill, North Carolina, USA
²Patient Safety Center, Duke
University Health System,
Durham, North Carolina, USA
³Duke Hospital Medicine
Association, Duke University,
Durham, North Carolina, USA
⁴Department of Pediatrics, Duke
University Children's Hospital
Durham

ABSTRACT
evaluating common behaviours as actionable examples
of WLI was introduced to measure work-life balance.
Objectives (1) Explore differences in WLI behaviours
by role, specialty and other respondent demographics in
a large healthcare system. (2) Evaluate the psychometric
properties of the work-life climate scale, and the extent
to which it acts like a climate, or group-level norm when
used at the work setting level. (3) Explore associations
between work-life climate and other healthcare climates

stimulation and personal demands.
However, the time demands, poorly
designed systems and misaligned incen-
tives are relentless with unhealthy
consequences including marital discord,
immune system dysfunction and short-
ened life expectancy.³⁻⁵ There is growing
concern about the psychosocial experi-
ences of contemporary healthcare
workers as burnout and dissatisfaction
with work-life balance (WLB) continue to
increase.⁶⁻⁹ The work-life climate scale

behaviours cluster

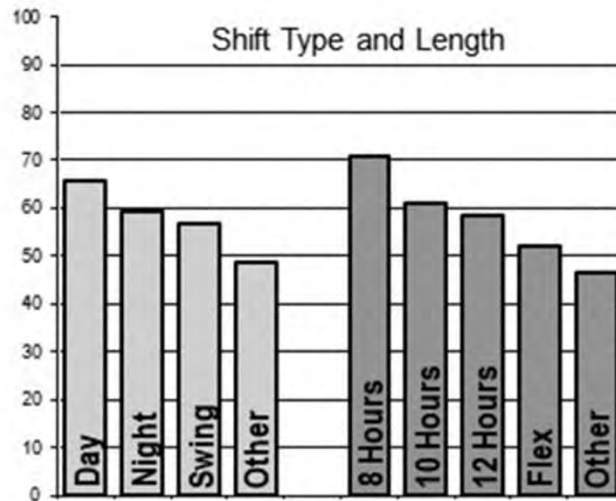
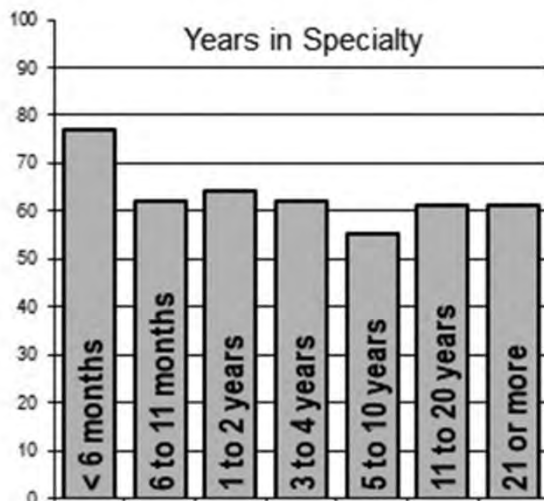
A.

% Respondents Reporting Good Work-Life Climate

B.

C.

% Reporting Good WLI



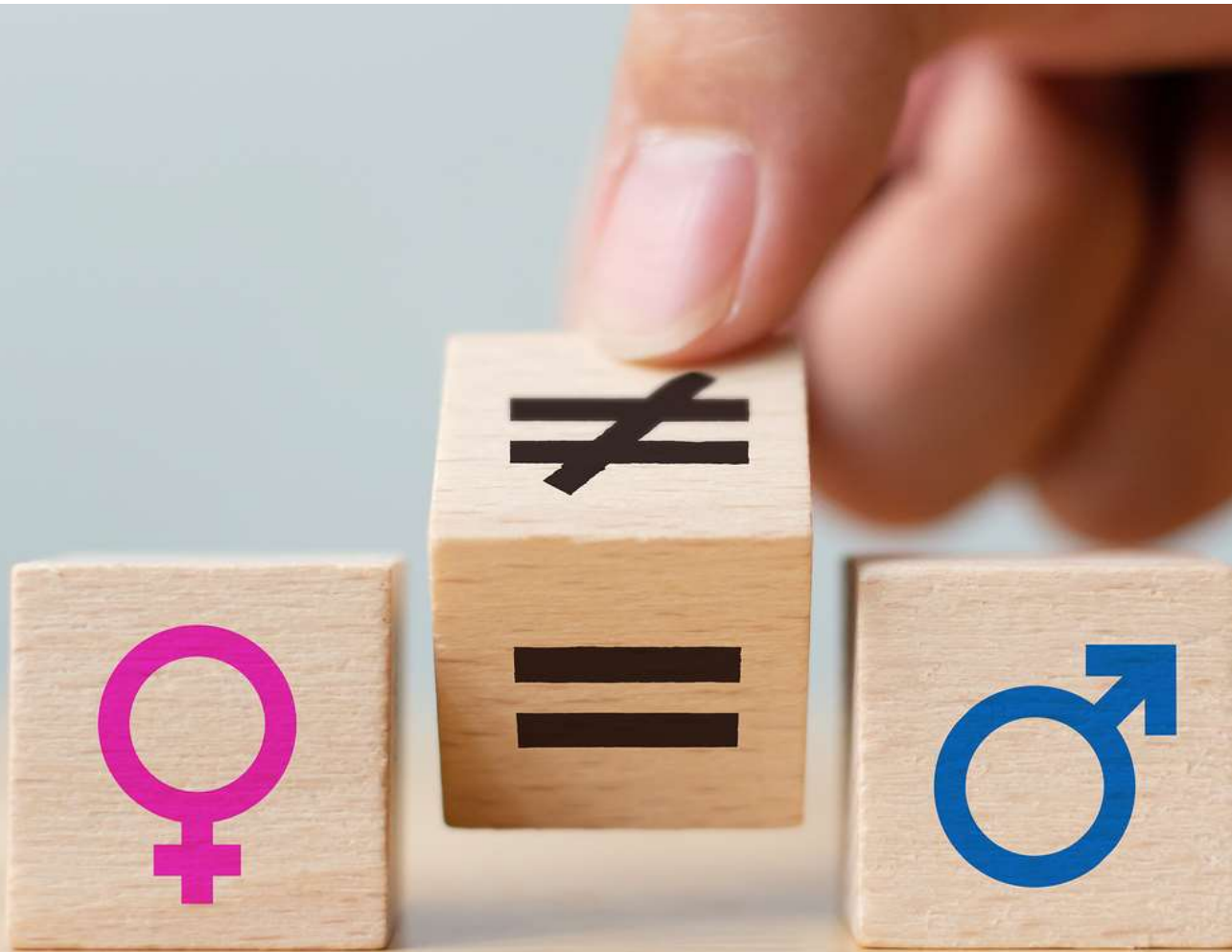
Note: Healthcare workers with less than 6 months in specialty reported significantly better WLI compared to all other categories, which did not differ from each other. Day shifts workers reported significantly better WLI scores than all other shift types. Night and swing shift workers did not differ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

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Chapel Hill
Patient
University
Durham
Duke Hospital
Association, Duke University,
Durham, North Carolina, USA
Department of Pediatrics, Duke
University Children's Hospital

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

experiences
workers as burnout and dissatisfaction
with work-life balance (WLB) continue to
increase.^{6,9}
work-life climate scale

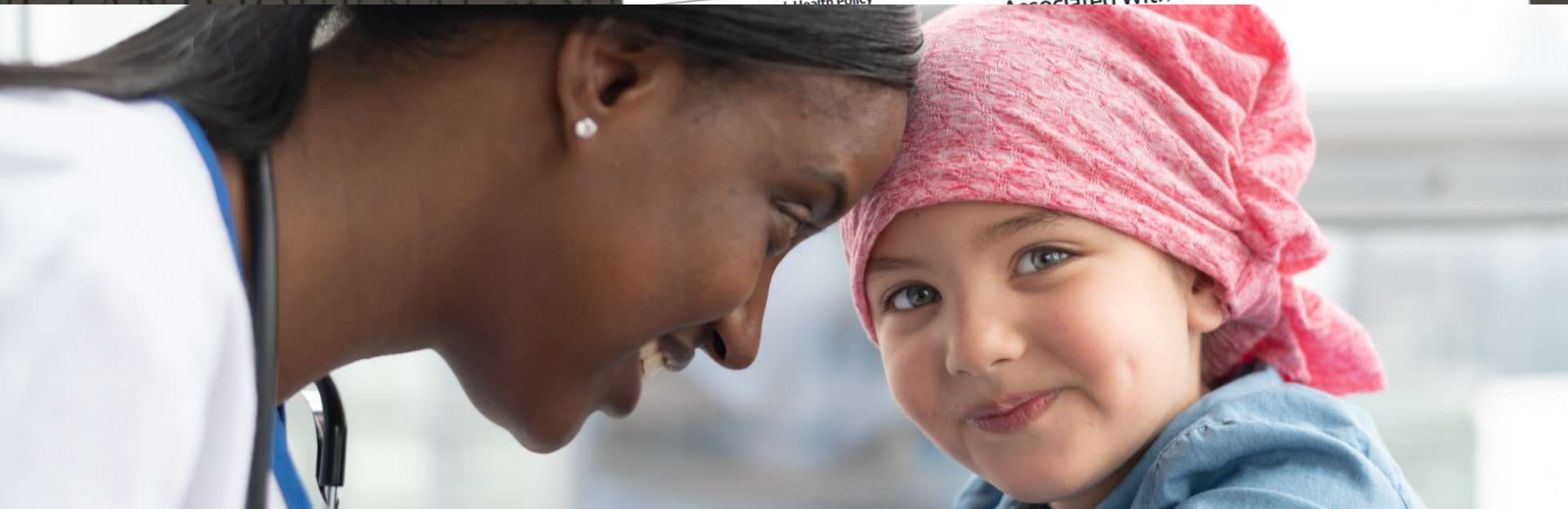


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Associated With Work-Life Integration

Multivariable linear regression analysis showed that gender significantly modified the association between gender and WLI.

RESULTS Of 5197 physicians completing surveys, 4370 provided complete responses. Of the 3560 who provided complete responses, 2719 were men, 3491 were White/Caucasian (80.8%), 3560 were married (82.4%), and the mean (SD) age was 52.3 (12.0) years. The mean (SD) WLI score was 55 (23). Women reported lower (worse) mean (SD) WLI scores than men overall (52 [22] vs 57 [23]; mean difference, -5 [-0.2 SDs]; $P < .001$). In multivariable regression, lower WLI was independently associated with being a woman (linear regression coefficient -6.56, 95% CI -10.7 to -2.35; $P < .001$).

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

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

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

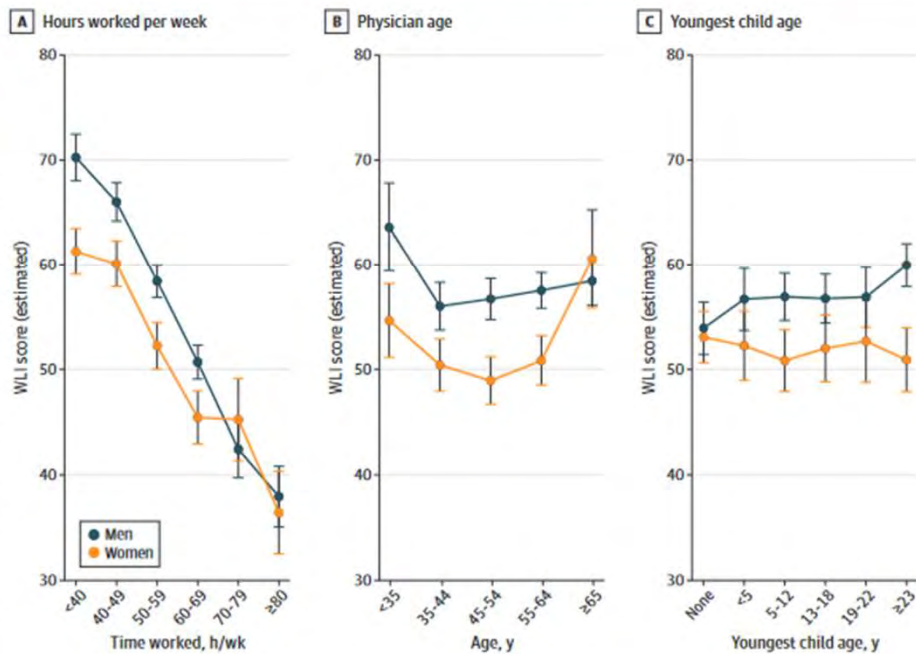
| Variable | Coefficient (SE) | P value | Overall P value ^b |
|----------------------------------|------------------|---------|------------------------------|
| Hours worked per week (vs <40 h) | 0 | NA | |
| 40-49 | -2 (1.0) | .09 | <.001 |
| 50-59 | -9 (1.0) | <.001 | |
| 60-69 | -16 (1.1) | <.001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

Abbreviation: NA, not applicable.

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

^b Overall P-values for categorical variables via Wald test.

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



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

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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.



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... feedback following

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

| Score domain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1. Improvement readiness | 0.92, 0.16 | | | | | | | | | | | |
| 2. Local leadership | 0.74 | 0.94, 0.17 | | | | | | | | | | |
| 3. Teamwork climate | 0.67 | 0.57 | 0.82, 0.19 | | | | | | | | | |
| 4. Safety climate | 0.80 | 0.75 | 0.73 | 0.87, 0.17 | | | | | | | | |
| 5. Personal burnout | -0.619 | -0.59 | -0.58 | -0.64 | 0.92, 0.15 | | | | | | | |
| 6. Burnout climate | -0.62 | -0.55 | -0.67 | -0.67 | 0.80 | 0.90, 0.26 | | | | | | |
| 7. Advancement | 0.39 | 0.35 | 0.34 | 0.40 | -0.28 | -0.27 | 0.89, 0.14 | | | | | |
| 8. Growth opportunities | 0.70 | 0.62 | 0.58 | 0.71 | -0.56 | -0.56 | 0.49 | 0.92, 0.10 | | | | |
| 9. Job uncertainty | -0.29 | -0.30 | -0.19 | -0.27 | 0.37 | 0.37 | 0.37 | 0.37 | 0.92, 0.10 | | | |
| 10. Participation in decision-making | 0.70 | 0.67 | 0.56 | 0.75 | -0.6 | -0.6 | -0.6 | -0.6 | -0.6 | 0.92, 0.10 | | |
| 11. Work-life climate | 0.33 | 0.28 | 0.35 | 0.38 | -0.5 | -0.5 | -0.5 | -0.5 | -0.5 | -0.5 | 0.92, 0.10 | |
| 12. Workload | -0.24 | -0.26 | -0.28 | -0.27 | 0.56 | 0.53 | -0.04 | -0.20 | 0.15 | -0.27 | -0.50 | 0.84, 0.12 |

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

Burnout ICC .26

“Burnout is a team sport”

Rene Schwendimann, *Author*

ABSTRACT

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

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

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

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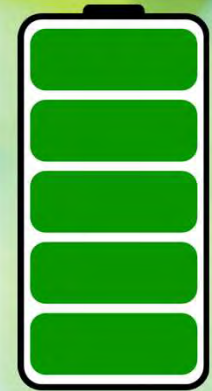


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despair.com



Burnout is contagious, but so is well-being...



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Life Satisfaction and Mortality

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

Check for updates

Short Report

Having With I



Olga Sta
Department of

Abstract

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

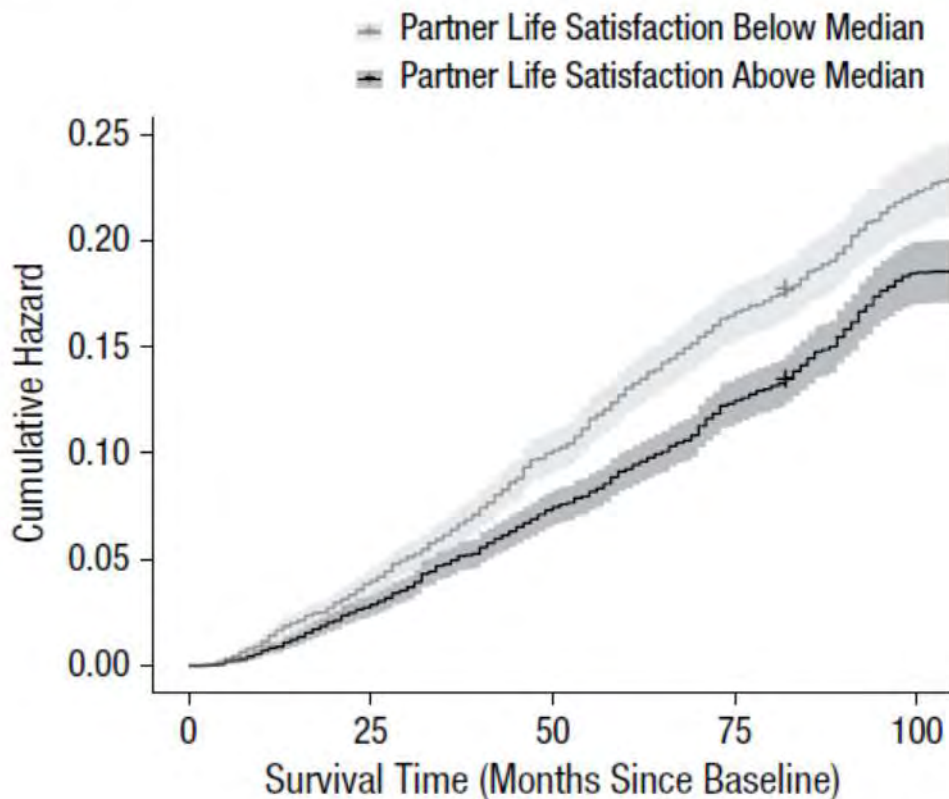


Fig. 1. Cumulative hazard of death (including 95% confidence bands) during the observation period. Results are shown separately for individuals whose spouses reported life satisfaction below the median at baseline and those whose spouses reported life satisfaction above the median at baseline.

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**Burnout is contagious,
but so is well-being...**

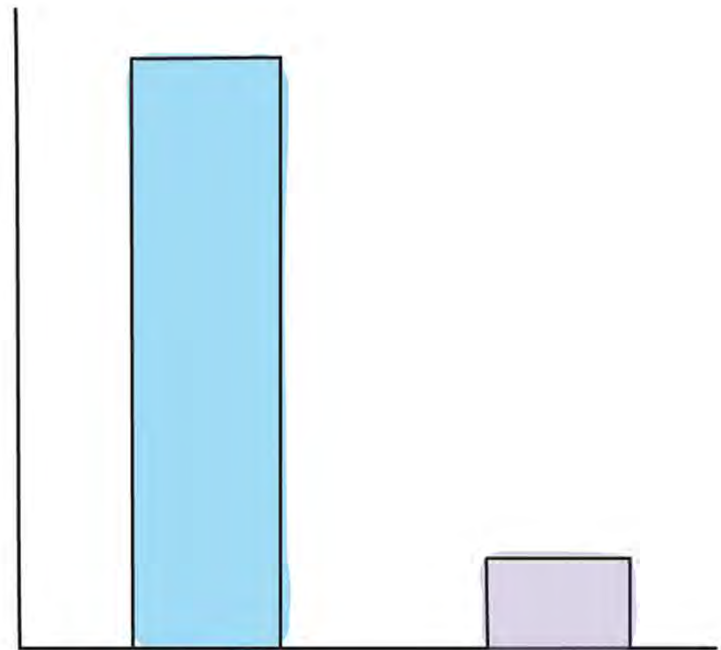


**Burnout is intense, can we
cause it to go down?**

We need bite-sized strategies



HOW MUCH I'M ABLE
TO GET DONE



NORMALLY

DURING AN
UNPRECEDENTED,
GLOBAL CRISIS

Randomized controlled trial of healthcare worker burnout

Jochen Profit^{1,2} · Kathryn C. Adair^{3,4} · Xin Cu Joseph Rigdon⁵ · Jeffrey B. Gould^{1,2} · Hen Alexis S. Davis¹ · Mohan Pammi¹¹ · Melissa Ma Michael Cotten¹⁶ · Amir Khan¹⁴ · J. Bryan Sexton

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

Objective Test web-based implementation for the reduction of healthcare worker (HCW) burnout.

Design RCT using two cohorts of HCWs of four sites. Cohort 1 received WISER while Cohort 2 acted as control.

Results Cohorts were similar, mostly female (83%); WISER, 100 and 176 completed 1-month follow-up. WISER decreased burnout (−5.27 (95% CI: −11.6, −1.0%); $p = 0.008$), and secondary work-life integration (−11.8% (95%CI: −17.9, −5.7%); $p = 0.001$). At 6-month post, WISER showed that the percentage of HCWs reporting concerning work-life integration (−11.8% (95%CI: −17.9, −5.7%); $p = 0.001$).

Conclusion WISER appears to durably improve burnout. Clinical Trials Number NCT02603133; <https://clinicaltrials.gov/ct2/show/study/NCT02603133>

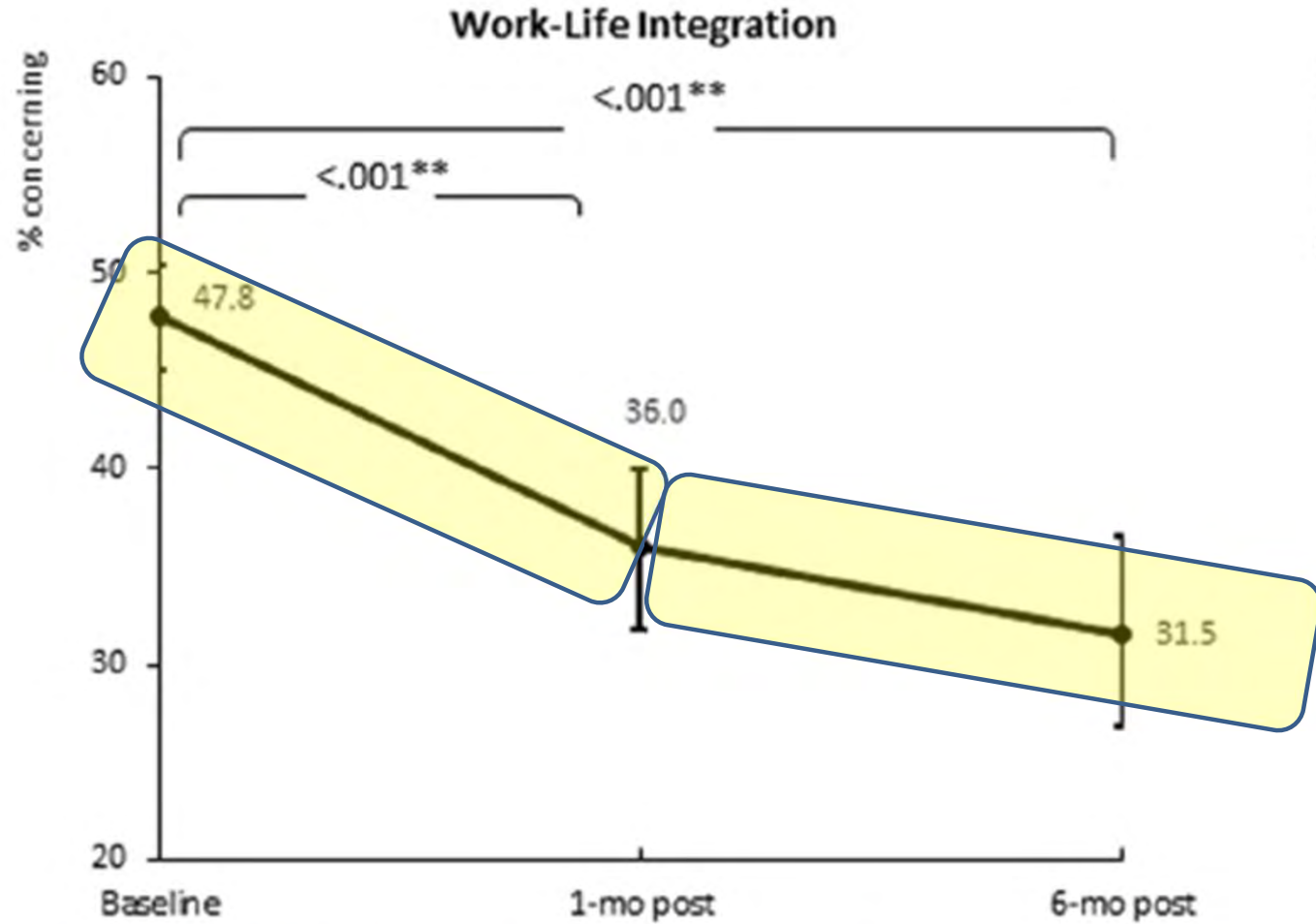
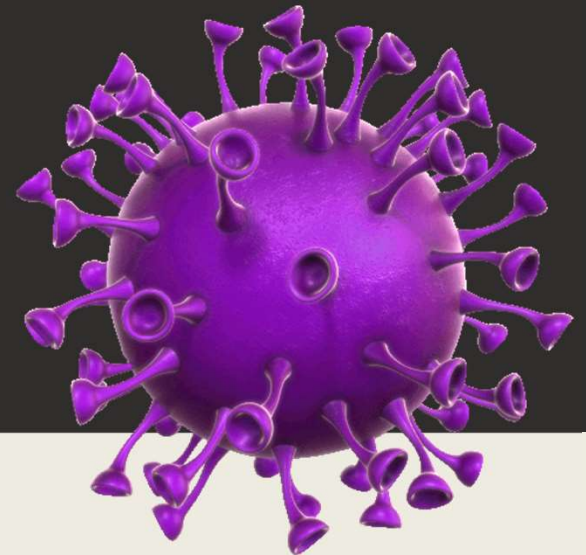


Fig. 2 Effect of WISER on the percent concerning scale. Statistical comparisons at 1-month post provided in brackets.

How do I improve
my work-life
balance?



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We need
bite-sized
strategies

...can they help?



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

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

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

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

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

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

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

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

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

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

Key Points

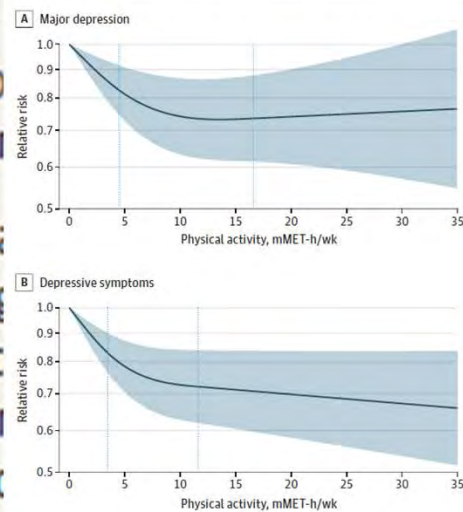
Question What is the dose-response association between physical activity and incident depression?

Findings This systematic review of 15 prospective studies including 191 130 person-years showed an inverse curvilinear association between physical activity and incident depression, with higher risk at lower exposure levels. Adults accumulating half the recommended volume of physical activity (4.4 mMET-h/wk) had lower risk of depression, compared with no physical activity.

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

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

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



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

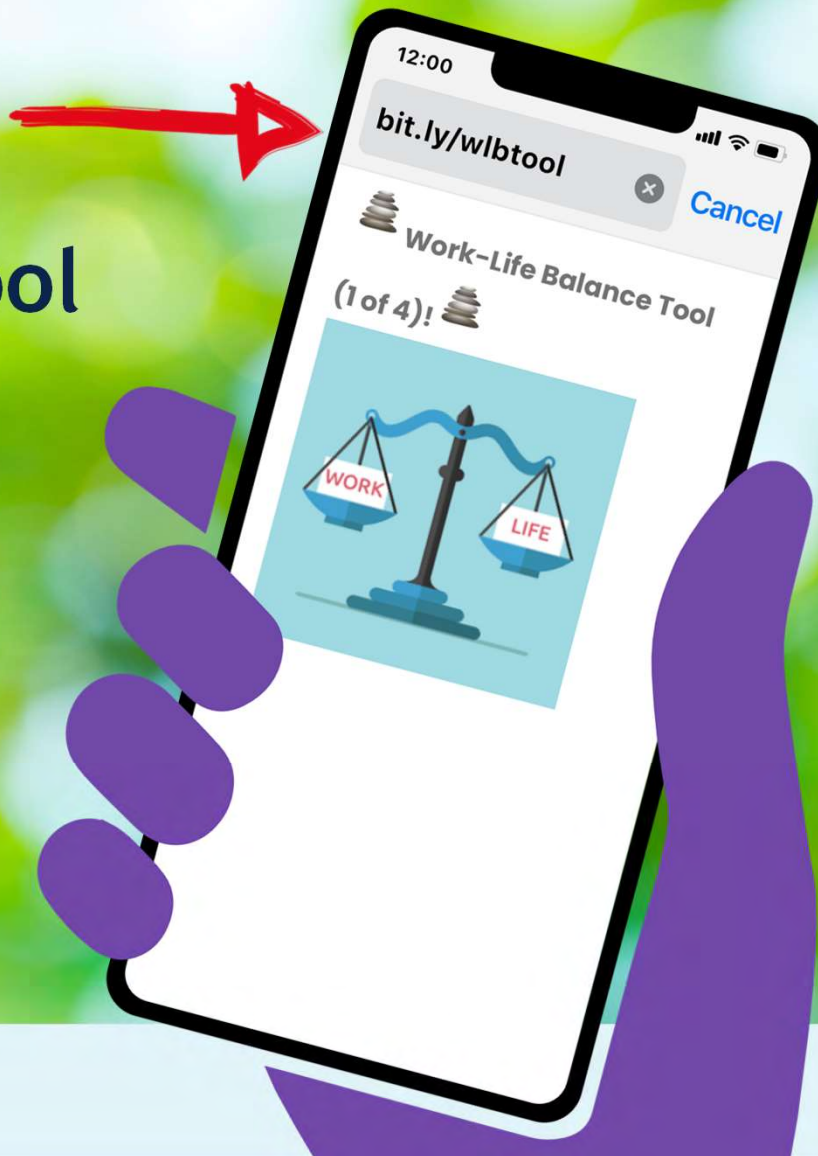
Author affiliations are listed in the full article.



Bite-sized through your phone

WELCOME TO
WELL-B

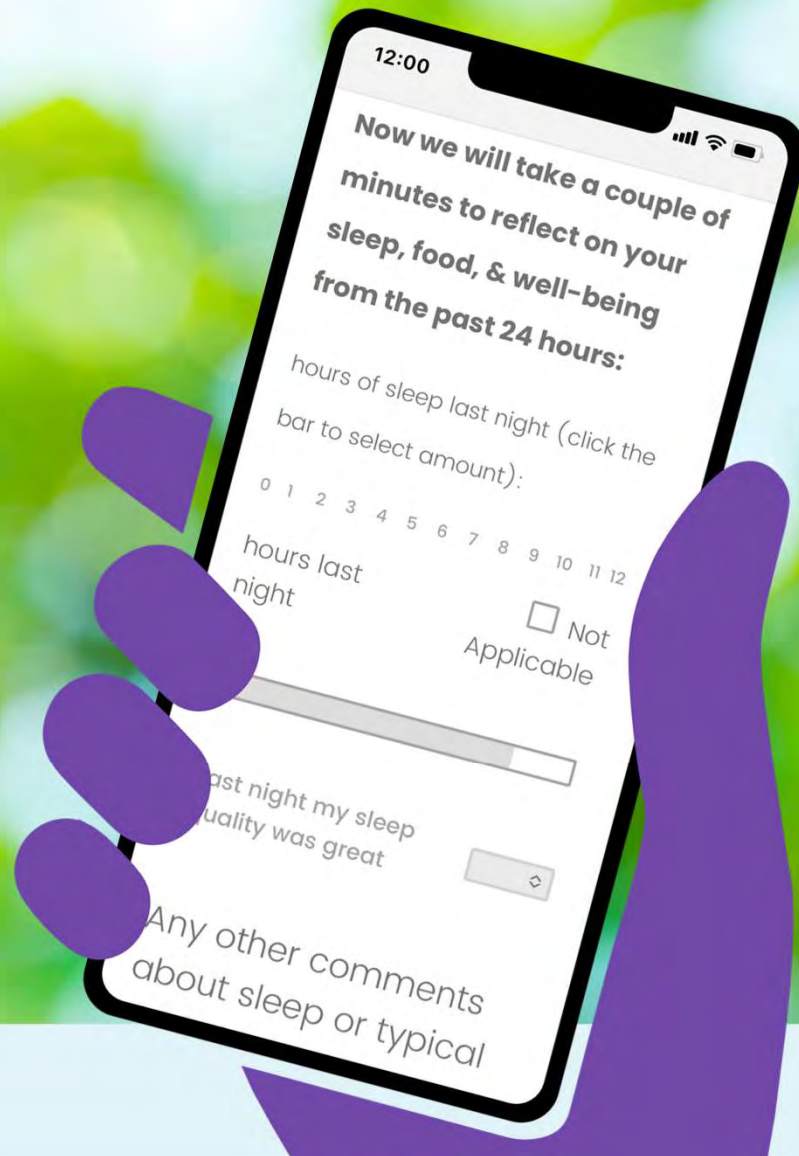
Go to
bit.ly/wlbtool



...or hold your phone
camera over QR code



WELCOME TO
WELL-B



...or hold your phone camera over QR code



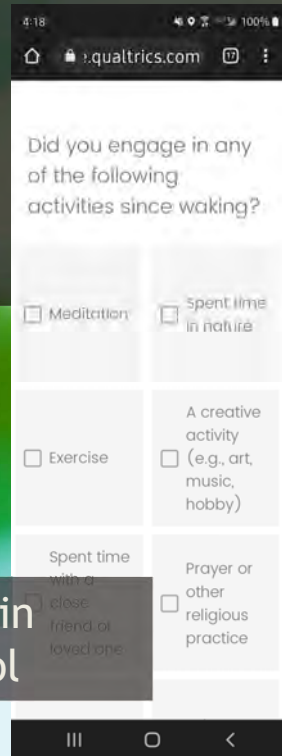
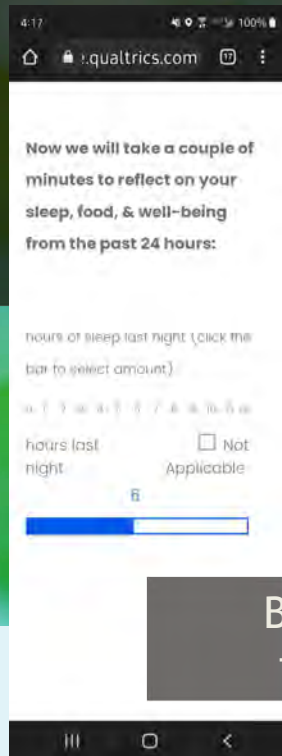
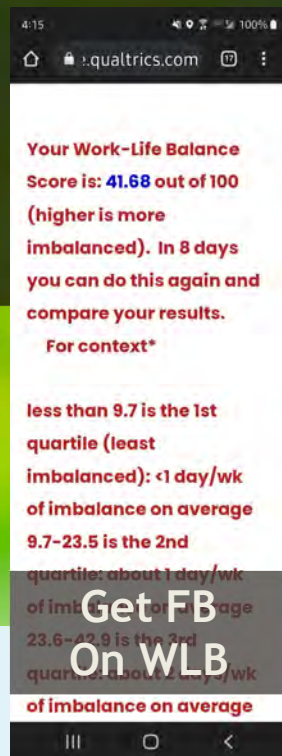
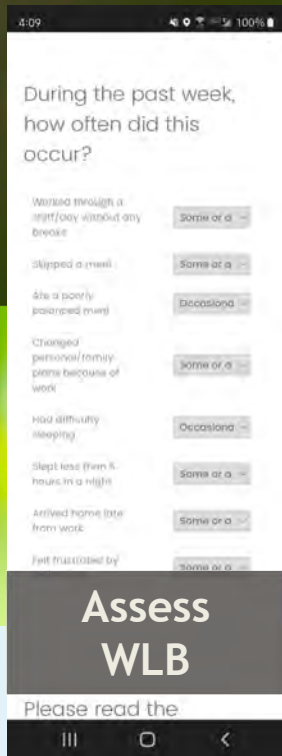
WELCOME TO
WELL-B

4 Days, with a follow-up on day 8
5 min to enroll, < 3 min each day

Assess WLB and get feedback w/ benchmarks

04:00

bit.ly/wlbtool

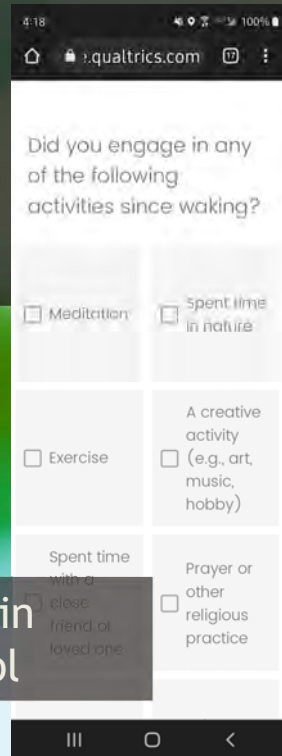
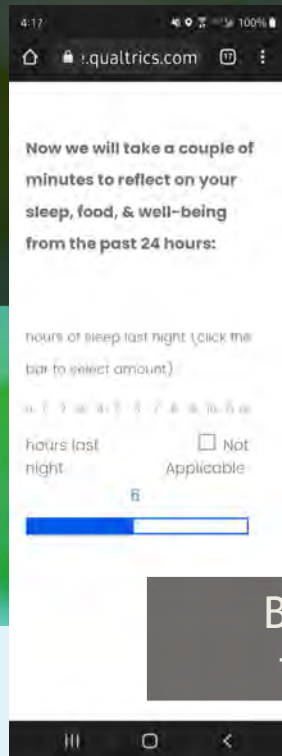
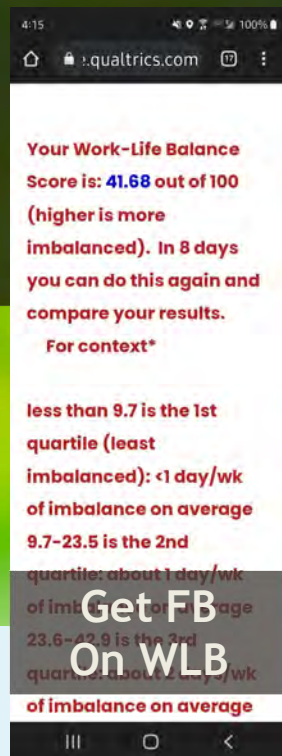
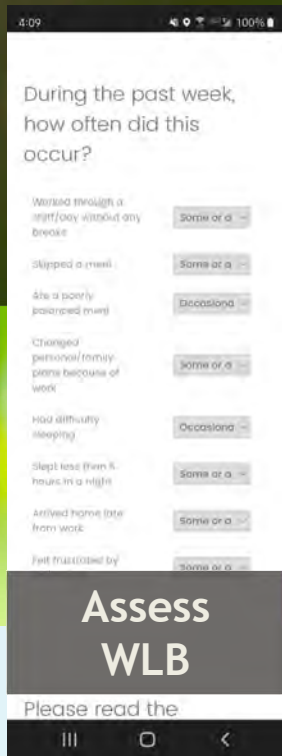


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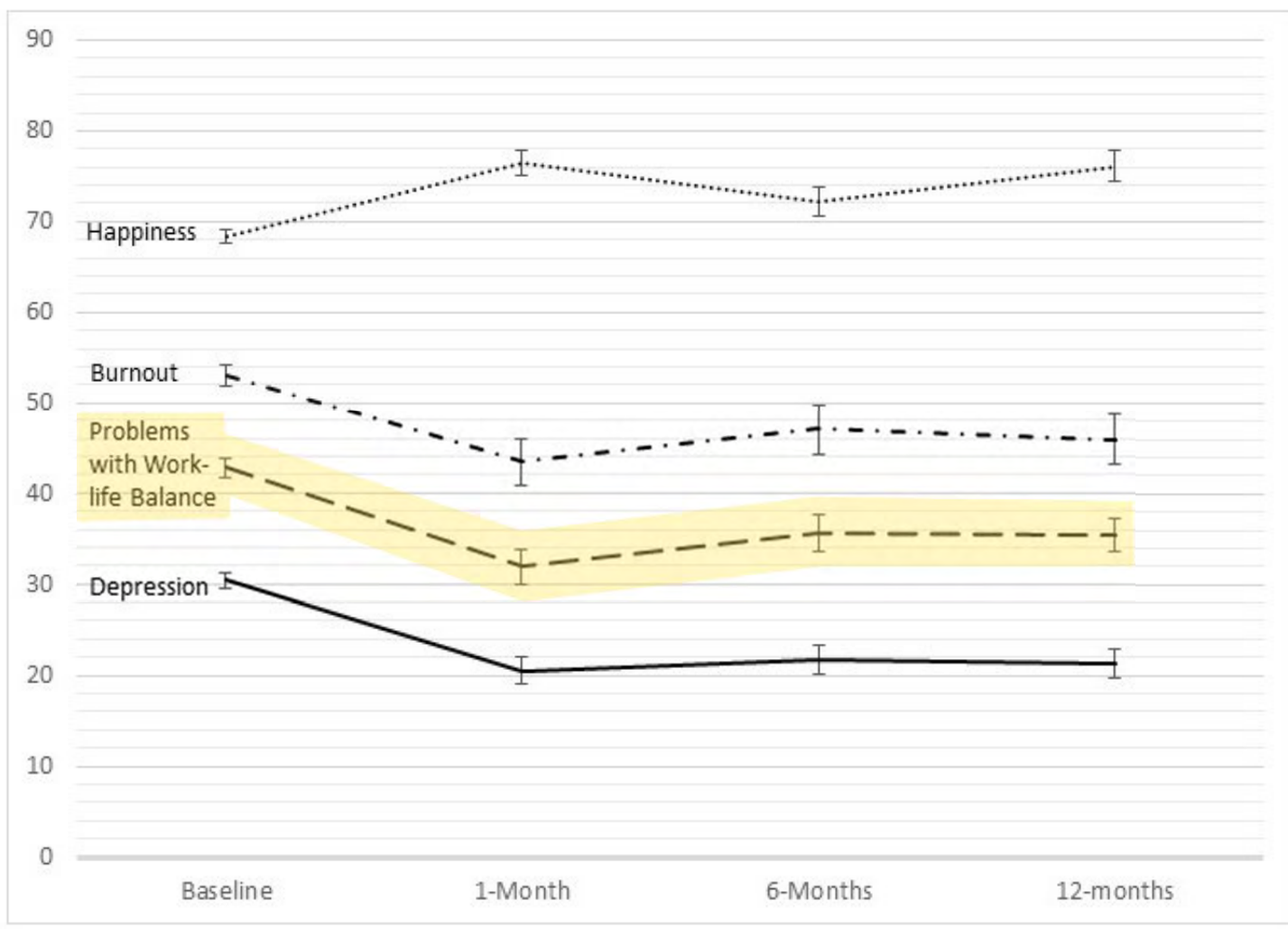
bit.ly/wlbtool



How responsive are
well-being metrics
to interventions?

WELCOME TO
WELL-B

...e
gs
for



this study
efficacy of the Three
or healthcare work-
e points: at baseline
ollow-ups (1 month, 6
four well-being mea-
depression symptoms,
ork-life balance.
► This pilot study is limited by not having a ran-

and happiness. *BMJ Open*
doi:10.1136/

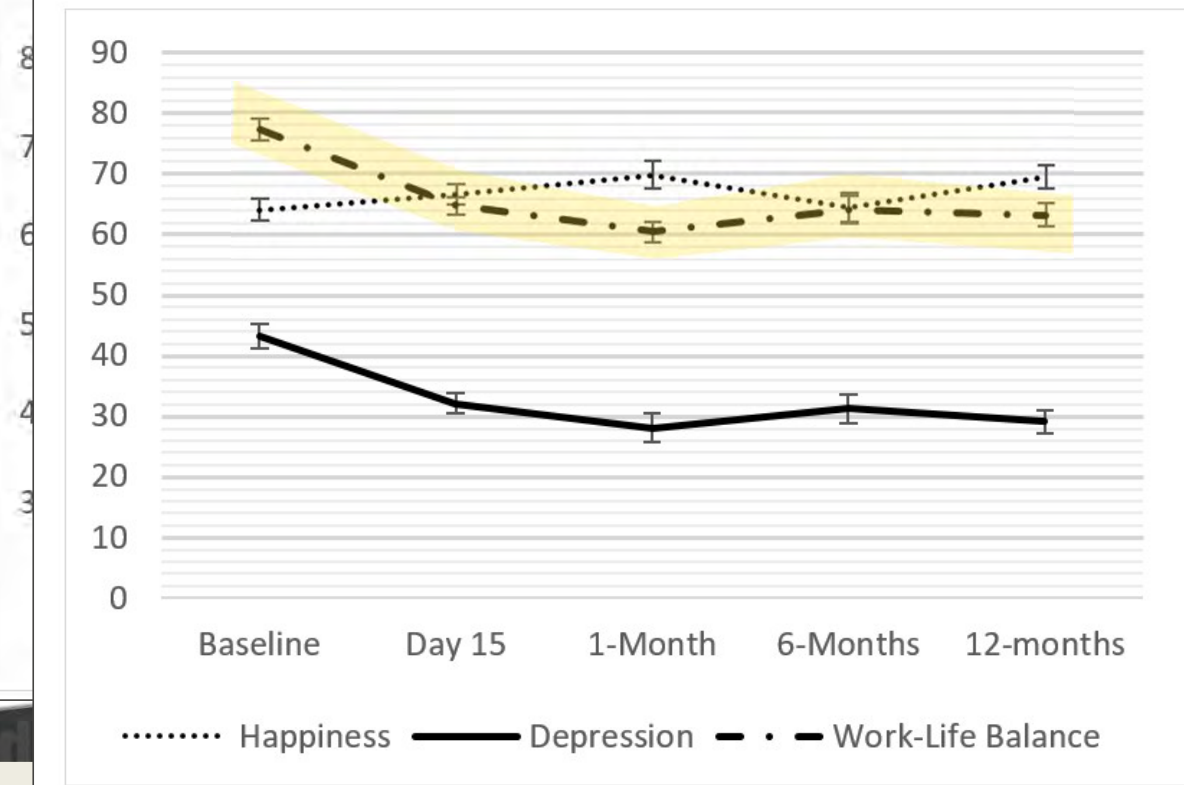
Methods 228 HCWs particip-
repeated measures study of a web-based 15-day long
were collected at baseline

► This pilot study is limited by not having a ran-

WELCOME TO
WELL-B

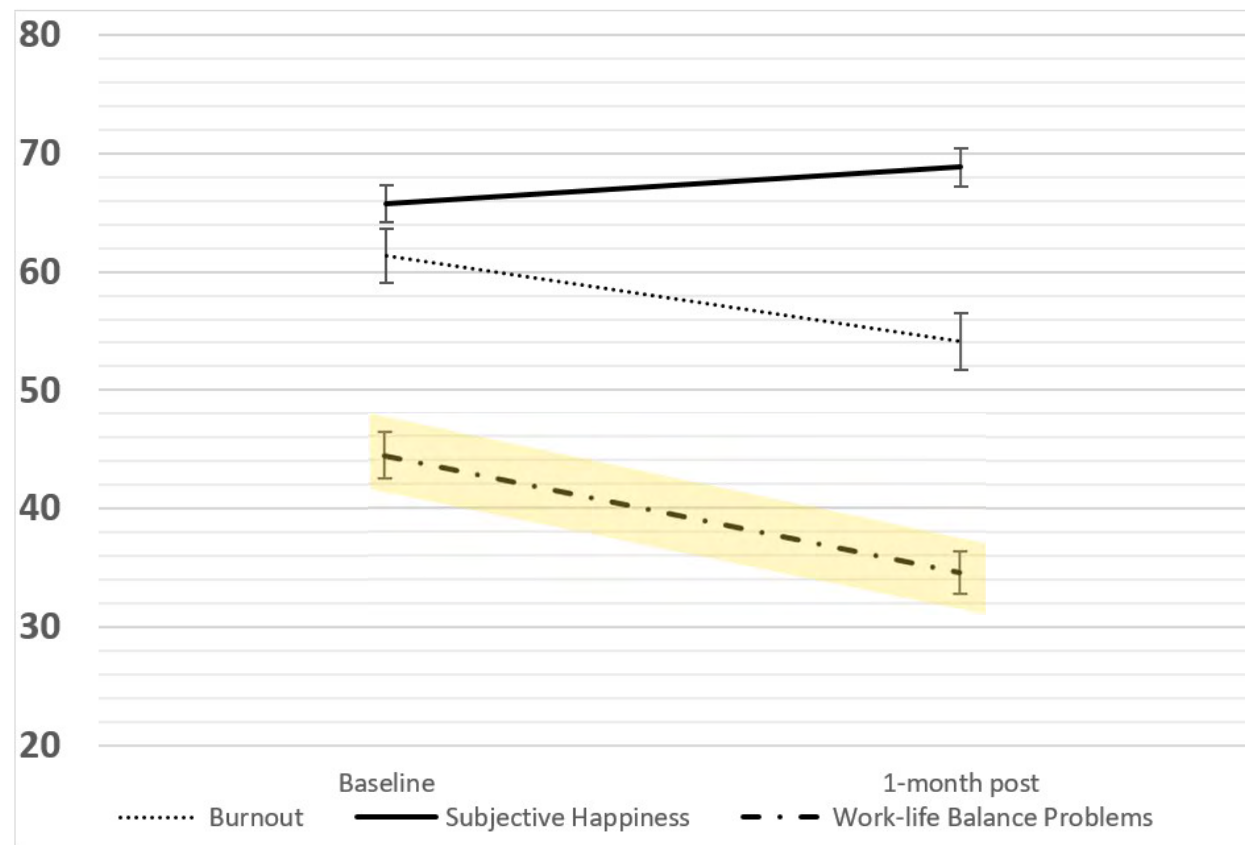
Figure 1. Study 1: Three Good Things Means and Standard Errors for

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



Adair, Kennedy & Sexton 2020

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



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

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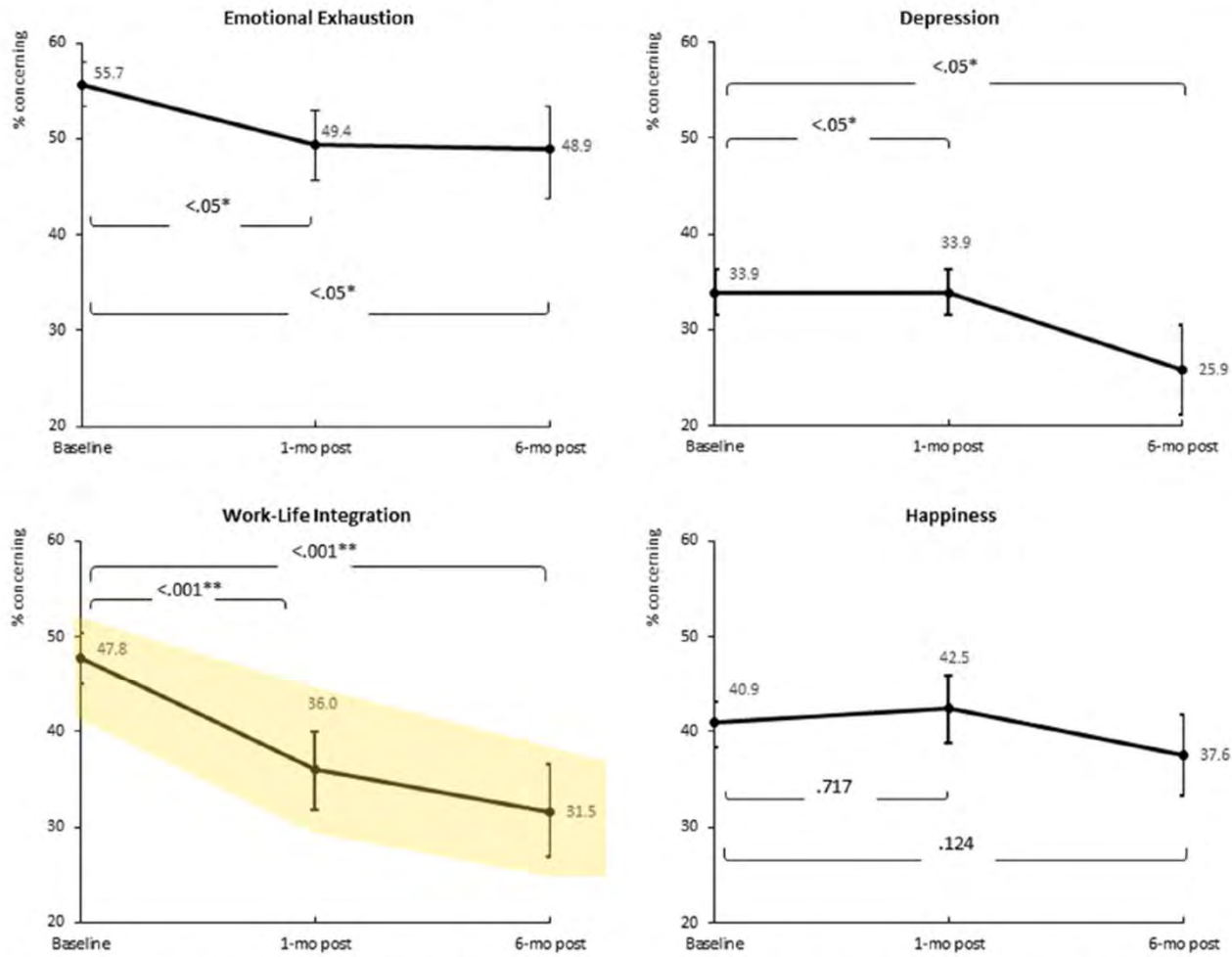


Fig. 2 Effect of WISER on the percent concerning scale. Statistical comparisons between combined cohort baseline to 1-month post and 6-month post provided in brackets.

Clinical trials

WELCOME TO
WELL-B

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

WELCOME TO
WELL-B

Measuring resilience vs burnout

the **absence** of something bad

DOES NOT MEAN

the **presence** of something good



WELCOME TO
WELL-B

Two Pillars of Well-being



WELCOME TO
WELL-B

EMOTIONAL THRIVING

A person is captured in mid-air, jumping joyfully with arms outstretched. The background features a vast landscape with mountains and a sky filled with soft, white clouds. The overall mood is one of freedom and happiness.

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

I feel like I am thriving at my job.

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

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

WELCOME TO
WELL-B

EMOTIONAL RECOVERY

I always bounce back quickly after difficulties.

I always find a solution when something unforeseen happens.

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

My mood reliably recovers after frustrations and setbacks.

WELCOME TO
WELL-B

Thriving

$\alpha = .89$

Recovery

$\alpha = .89$

WELCOME TO
WELL-B



$r = .547$

WELCOME TO
WELL-B

Overall $\alpha = .89$

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

Domains of Well-being

Thriving

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

Recovery

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



Wellbeing

WELCOME TO
WELL-B



Session Summary

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

Social contagion of well-being/work-life balance

Impact of 4-day intervention on WLB and emotional exhaustion

Emotional exhaustion is good indicator of other well-being metrics

Reflects the “ability to do stuff”

Good well-being/WLB is harder for women



WELCOME TO
WELL-B

Things to do...

Finish bit.ly/wlbtool days 2-4

Talk about well-being with your colleagues

bring it up as part of check-ins

Explore your WLB

and be prepared to share your experiences with others

Tackle complicated tasks earlier in day

before your “willpower battery” is depleted

Model good WLB to use the contagion effect

taking breaks, eating lunch, leaving on time

Share the bit.ly/wlbtool flyer locally



hold your
phone camera
over QR code



WELCOME TO
WELL-B

Interested in learning
about Well-being tools?



Enroll in the Work-life Balance Tool!

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

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

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

To enroll:
bit.ly/wlbtool

or scan the QR code



DukeHealth

@DukeHSQ

Tool Flyer through Cont Ed link

WELCOME TO
WELL-B

Enduring Resources

(for Pausing & Reflecting)

 Institutional resources

Positive Rounding
2nd Victim Support
Psychologically Safe Leadership
Leader WalkRounds

vecteezy.com

Individual resources

WELCOME TO
WELL-B

www.hsq.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/fwdtool | 2 minutes | 8 days
Looking Forward. Cultivate hope.

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

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

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

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

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

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

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

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


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

WELCOME TO
WELL-B



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

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

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



Bite-sized Evidence-based Well-being Webinar Series



Duke Center for
Healthcare Safety and Quality

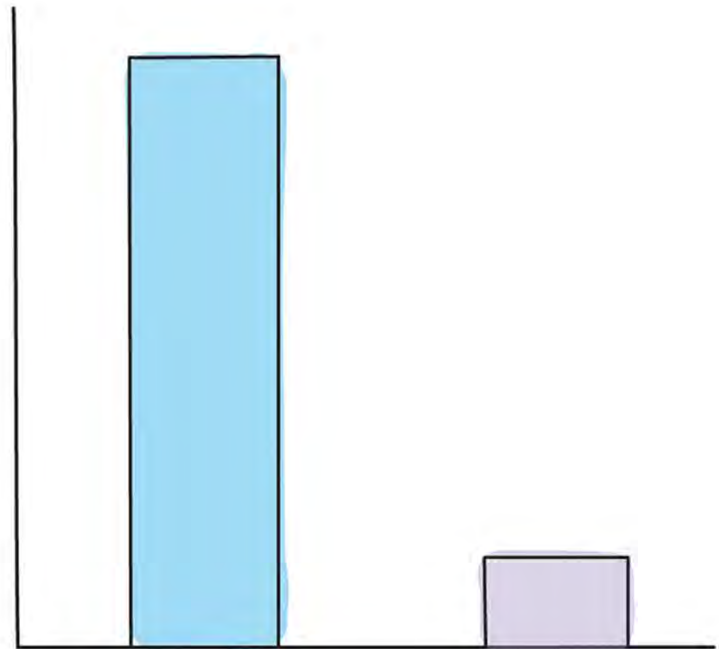


DukeHealth

We need bite-sized strategies



HOW MUCH I'M ABLE
TO GET DONE

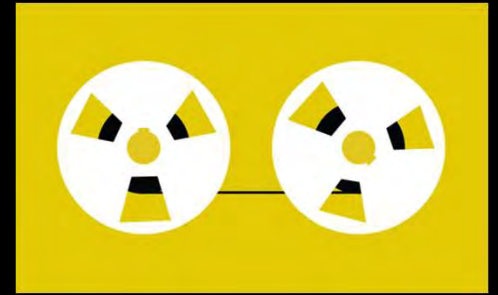


NORMALLY

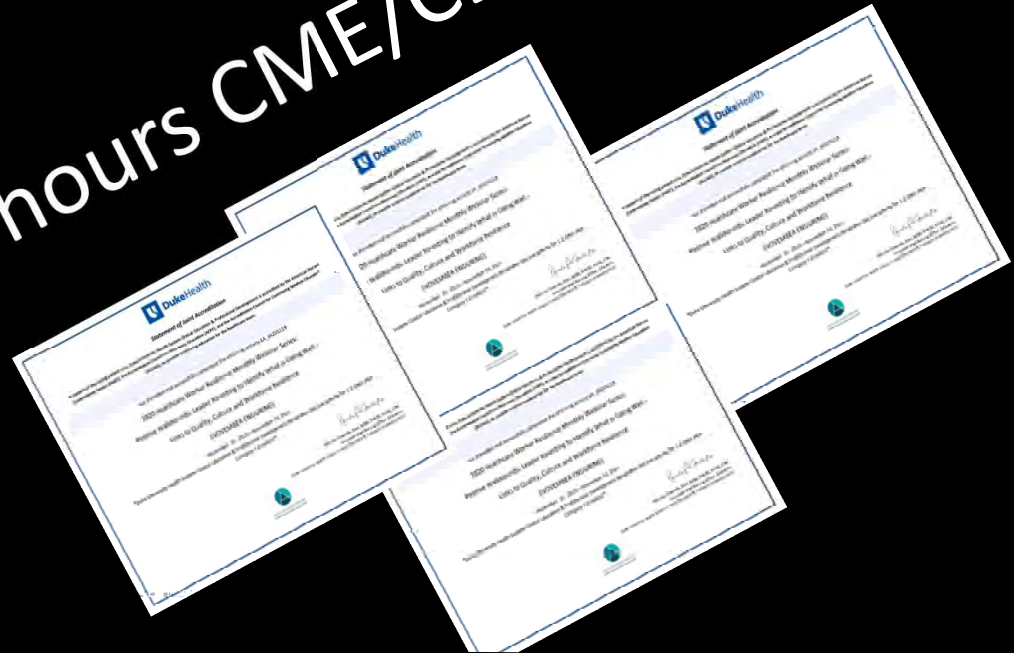
DURING AN
UNPRECEDENTED,
GLOBAL CRISIS



Recorded

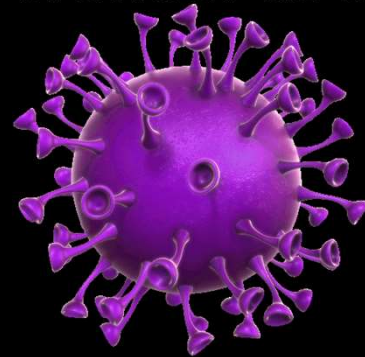
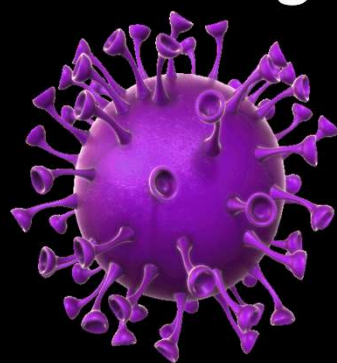


4 hours CME/CEU



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

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





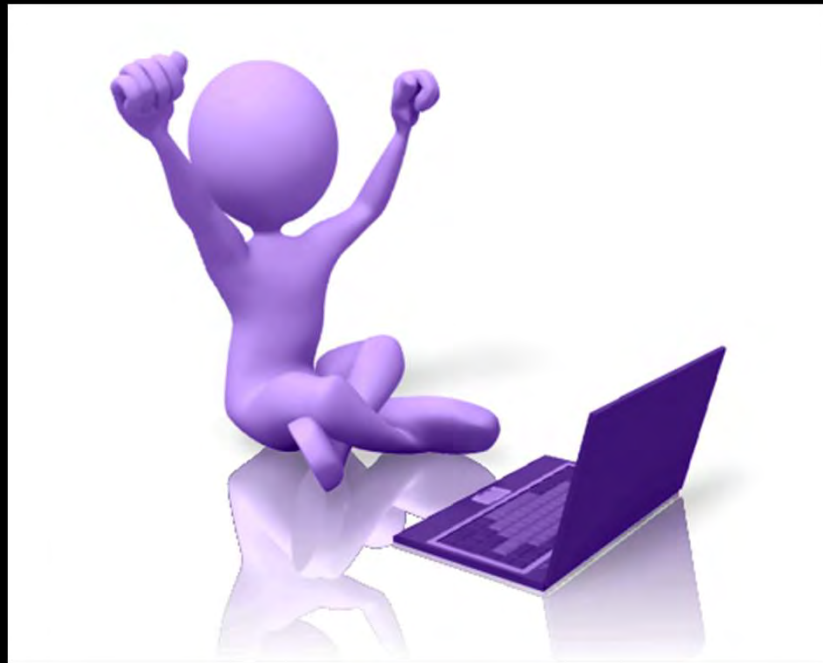
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Cultivate Work-Life Balance bit.ly/wlbtool
Cultivate Gratitude bit.ly/grattool
Self Compassion Tool bit.ly/selfcomptool
Cultivate Awe bit.ly/awetool

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



To enroll:
bit.ly/wellbduke

or scan QR code



RECHARGE FROM **PANDEMIC EXHAUSTION**

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

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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Duke Center for
Healthcare Safety and Quality



Q & A

Oct 10-13 2022
4 hr essentials

bit.ly/wellbduke



Cont
Ed
Credit

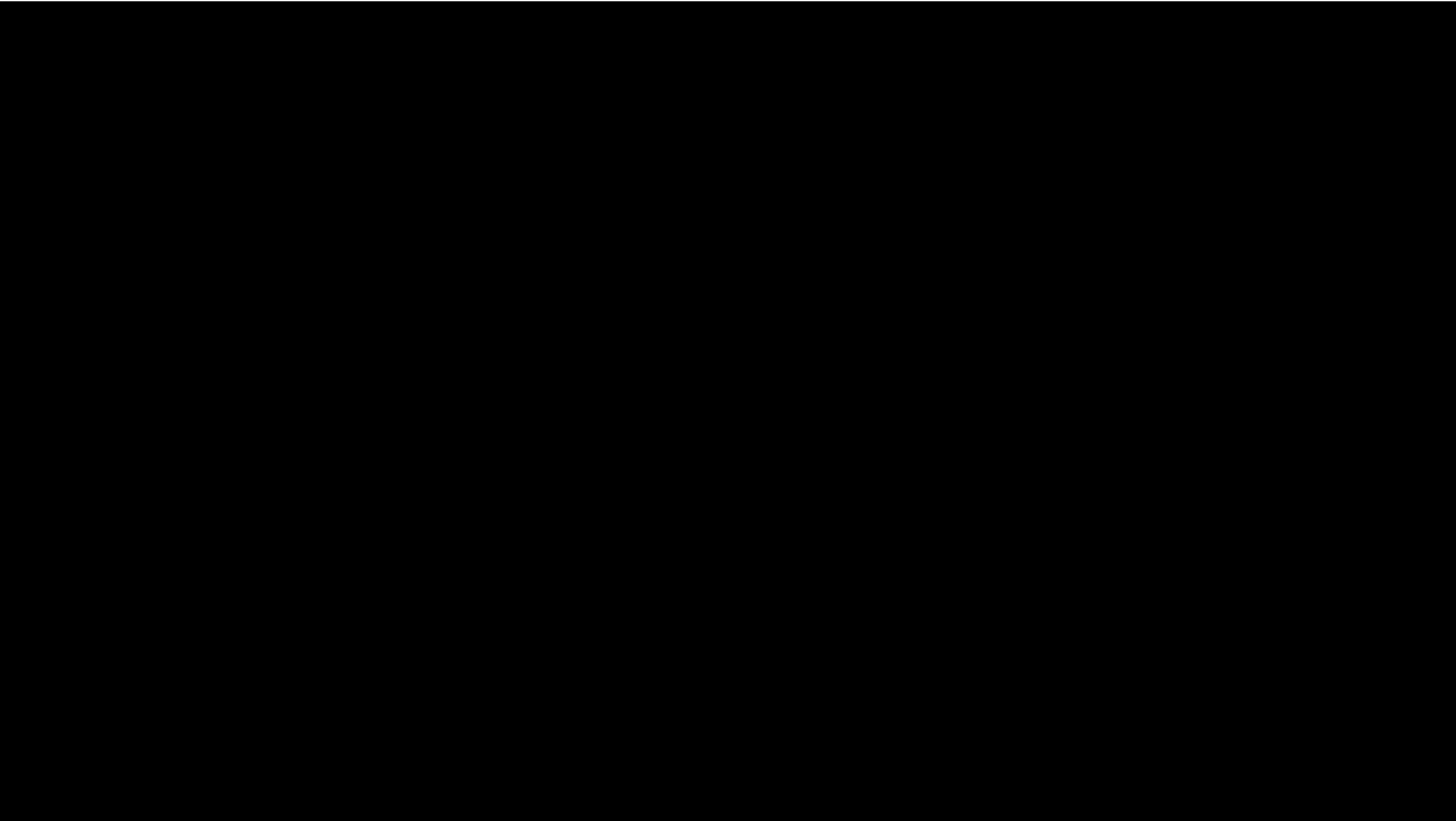
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bit.ly/wlbtool



twitter.com/dukehsq | www.hsq.dukehealth.org





What questions do you have?



TOOL | bit.ly/wlbtool

CONTINUING
EDUCATION
CREDIT

bit.ly/hourwlb



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WELL-B

7 TYPES OF REST

Based on the TEDx talk by Sandra Dalton-Smith

Physical



PASSIVE Physical rest like **sleeping**



ACTIVE physical rest like **Yoga, stretching**



Mental



Schedule short breaks

THROUGHOUT YOUR WORK DAY



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



Sensory

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



allowing yourself to take in the
of the outdoors - sunif

Creative



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