

Thriving vs. Surviving: Bite-sized Coping During Times of Uncertainty

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

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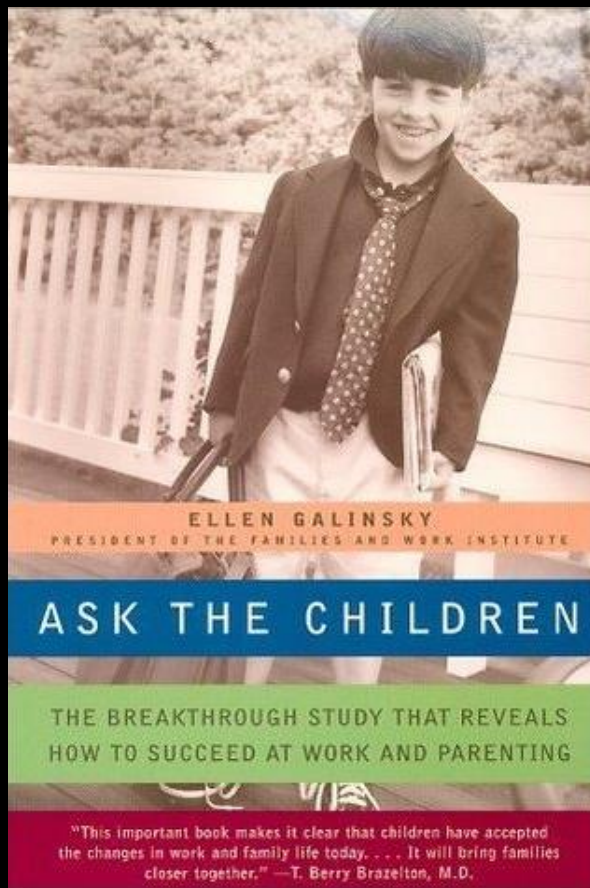


Ask the kids...

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

worried about parents

wish parents were less stressed and less tired



National Study of the Changing Workforce





Examples

• Institutional Resources

- Schwartz Center Rounds
- Just Culture Training
- Positive Rounding
- Safety Rounding
- Second Victim Support

• Resources for individuals:

- Gratitude Letters: bit.ly/grattool
- Cultivate Hope: bit.ly/fwdtool
- 3 Funny Things: bit.ly/start3ft
- Cultivate Confidants: bit.ly/1goodchat
- Cultivate Awe and Wonder: bit.ly/awetool
- Random Acts of Kindness: bit.ly/kindtext
- Cultivate Mindfulness: bit.ly/3goodminutes
- Cultivate Interest & Curiosity: bit.ly/inttool
- 3 Good Things: bit.ly/start3gt



**Why do we need
individual and
institutional resources in
the first place?**

Estimating the Attributable Cost of Physician Burnout in the United States

Shasha Han, MS; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Karim M. Awad, MD; Liselotte N. Dyrbye, MD, MHPE; Lynne C. Fiscus, MD, MPH; Mickey Trockel, MD; and Joel Goh, PhD

Background: Although physician burnout is associated with negative clinical and organizational outcomes, its economic costs are poorly understood. As a result, leaders in medicine cannot properly assess the financial benefits of initiatives to mitigate physician burnout.

Objective: To estimate burnout-associated costs related to physician turnover and physicians reducing their clinical hours at the national (U.S.) and organizational levels.

Design: Cost-consequence analysis using a mathematical model.

Setting: United States.

Participants: Simulated population of U.S. physicians.

Measurements: Model inputs were estimated by using the results of 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 phy-

sician turnover and reduced clinical hours is attributable to burnout each year in the United States. This estimate ranged from \$1.5 billion to \$7.7 billion in probabilistic sensitivity analysis. The annual economic cost of physician turnover and reduced clinical hours per employed physician each

MD Burnout is expensive: \$4.6 billion

Limitations: Possibility of nonresponse bias and incomplete control of confounders in source data. Some parameters were unavailable from data and had to be extrapolated.

Conclusion: 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.

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For author affiliations, see end of text.

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Annals.org


April 16, 2019


Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial

Zirui Song, MD, PhD¹; Katherine Baicker, PhD^{2,3}

[» Author Affiliations](#)

JAMA. 2019;321(15):1491-1501. doi:10.1001/jama.2019.3307

 Editorial Comment

 Related Articles

Key Points

Question What is the effect of a multicomponent workplace wellness program on health and economic outcomes?

Results In this cluster randomized trial involving 32 974 employees at a large US warehouse retail company, employees exposed to the wellness program had an 8.3-percentage point higher rate of employees who reported engaging in regular exercise and a 13.6-percentage point higher rate of employees who reported actively managing their weight, but there were no significant differences in other self-reported health and behaviors; clinical markers of health; health care spending or utilization; or absenteeism, tenure, or job performance after 18 months.

Conclusion Employees exposed to a workplace wellness program reported significantly greater rates of some positive health behaviors compared with those who were not exposed, but there were no significant effects on clinical measures of health, health care spending and utilization, or employment outcomes after 18 months.

Abstract

Importance Employers have increasingly invested in workplace wellness programs to improve employee health and decrease health care costs. However, there is little experimental evidence on the effects of these programs.

Objective To evaluate a multicomponent workplace wellness program resembling programs offered by US

workplace wellness RCT: no differences in clinical measures of health, spending, utilization, or employment outcomes after 18 months

Mental well-being, job satisfaction and self-rated workability in general practitioners and hospitalisations for ambulatory care sensitive conditions among listed patients: a cohort study combining survey data on GPs and register data on patients

Karen Busk Nørøxe,¹ Anette Fischer Pedersen,^{1,2} Anders Helles Carlsen,¹ Flemming Bro,¹ Peter Vedsted¹

ABSTRACT

Background Physicians' work conditions and mental well-being may affect healthcare quality and efficacy. Yet the effects on objective measures of healthcare performance remain understudied. This study examined mental well-being, job satisfaction and self-rated workability in general practitioners (GPs) in relation to hospitalisations for ambulatory care sensitive conditions (ACSC-Hs), a register-based quality indicator affected by referral threshold and prevention efforts in primary care.

Methods This is an observational study combining data from national registers and a nationwide questionnaire survey among Danish GPs. To ensure precise linkage of each patient with a specific GP, partnership practices were not included. Study cases were 461 376 adult patients listed with 392 GPs. Associations between hospitalisations in the 6-month study period and selected well-being indicators were estimated at the individual patient level and adjusted for GP gender and seniority, list size, and patient factors (comorbidity, sociodemographic characteristics).

Results The median number of ACSC-Hs per 1000 listed patients was 10.2 (interquartile interval: 7.0–13.7). All well-being indicators were inversely associated with ACSC-Hs, except for perceived stress (not associated). The adjusted incidence rate ratio was 1.26 (95% CI 1.13 to 1.42) for patients listed with GPs in the least favourable category of self-rated workability, and 1.19 (95% CI 1.05 to 1.35), 1.15 (95% CI 1.04 to 1.27) and 1.14 (95% CI 1.03 to 1.27) for patients listed with GPs in the least favourable categories of burn-out, job satisfaction and general well-being (the most favourable used as reference). Hospitalisations were not equally associated.

Conclusions ACSC-H frequency increased with decreasing levels of GP mental well-being, job satisfaction and self-rated workability. These findings imply that GPs' work conditions and mental well-being

may have important implications for individual patients and for healthcare expenditures.

INTRODUCTION

Mental distress, such as stress and burn-out, is increasingly common in physicians, including general practitioners (GPs).^{1–3} Poor mental well-being and low job satisfaction may have significant negative implications for the provision of healthcare.^{4,5} Compared with physicians with good mental well-being and high job satisfaction, physicians with poor mental well-being and little job satisfaction report lower levels of job performance.^{5,6,8} This could reflect a negative self-image influenced by the mental health status rather than actual differences in performance.^{5,8–10} Few empirical studies have explored physician mental well-being and job satisfaction in relation to patient care performance. In the

...consult for medical and general well-being (the most favourable used as reference). Hospitalisations were not equally associated. **Conclusions** ACSC-H frequency increased with decreasing levels of GP mental well-being, job satisfaction and self-rated workability. These findings imply that GPs' work conditions and mental well-being

Table 4 Hospitalisations for ACSCs and hospitalisations for other conditions in the practice population in relation to the GP's well-being, job satisfaction and self-rated workability (each well-being indicator examined separately)

GP well-being indicators (most favourable category as referent)	Hospitalisations for ACSCs (n=4835)		Excess ACSC-Hs associated with suboptimal GP well-being per 100 000 patients listed for 6 months†	Hospitalisations for other conditions than ACSCs (n=36 706)	
	Unadjusted	Adjusted*		Unadjusted	Adjusted*
	IRR (95% CI)	IRR (95% CI)		IRR (95% CI)	IRR (95% CI)
Emotional exhaustion, quartiles					
First (low)	1.00	1.00	Reference	1.00	1.00
Second	1.11 (0.99 to 1.25)	1.09 (0.99 to 1.19)	86 (–10 to 167)	1.02 (0.96 to 1.09)	0.99 (0.96 to 1.03)
Third	1.12 (0.99 to 1.27)	1.12 (1.02 to 1.23)	115 (21 to 200)	1.09 (1.02 to 1.16)	1.07 (1.03 to 1.12)
Fourth (high)	1.23 (1.09 to 1.39)	1.18 (1.06 to 1.30)	176 (65 to 176)	1.09 (1.02 to 1.16)	1.06 (1.02 to 1.11)
Depersonalisation, quartiles					
First (low)	1.00	1.00	Reference	1.00	1.00
Second	1.10 (0.97 to 1.24)	1.05 (0.96 to 1.17)	57 (–15 to 158)	1.05 (0.99 to 1.11)	1.02 (0.98 to 1.06)
Third	1.11 (0.98 to 1.26)	1.06 (0.97 to 1.17)	67 (–15 to 158)	1.05 (0.99 to 1.11)	1.02 (0.98 to 1.06)
Fourth (high)	1.23 (1.09 to 1.39)	1.18 (1.06 to 1.30)	176 (65 to 176)	1.09 (1.02 to 1.16)	1.06 (1.02 to 1.11)

hospitalizations for conditions with prevention potential in primary care are influenced by GP well-being (dose–response pattern across several well-being indicators)

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmjqs-2018-009039>).

¹Research Unit for General Practice, Department of Public Health, Aarhus University, Aarhus, Denmark
²Department of Clinical Medicine, Aarhus University, Aarhus, Denmark

Correspondence to

Dr Karen Busk Nørøxe, Research Unit for General Practice, Department of Public Health, Aarhus University, Aarhus 8000, Denmark; karen_bn@liv.dk

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Quick recap of burnout so far:

Expensive

Traditional countermeasures not working

Impact on clinical quality





OPEN ACCESS

Work-life balance behaviours cluster in work settings and relate to

burnout and dissatisfaction: a cross-

In the past week:

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

¹Department of Pediatrics, University of North Carolina at 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 and Health Center, Durham, North Carolina, United States

⁵Stanford Medicine, Stanford

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

Rehder,⁴

personal satisfaction. time demands, poorly and misaligned incen-

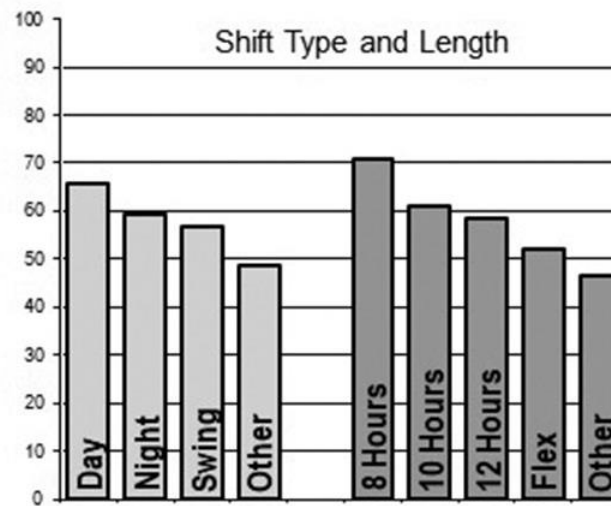
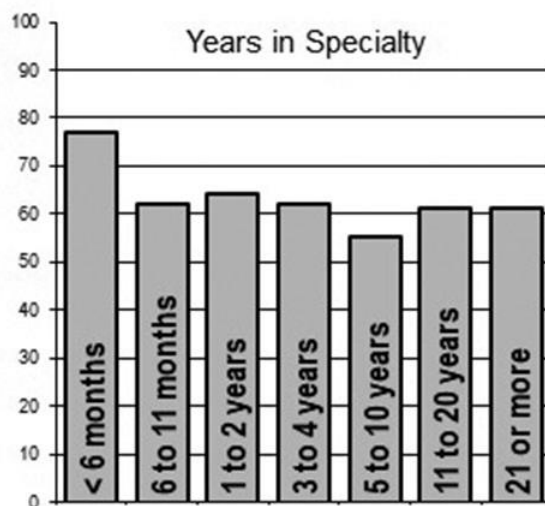
consequences including marital discord, immune system dysfunction and shortened life expectancy.^{3–5} There is growing concern about the psychosocial experiences of contemporary healthcare workers as burnout and dissatisfaction with work-life balance (WLB) continue to



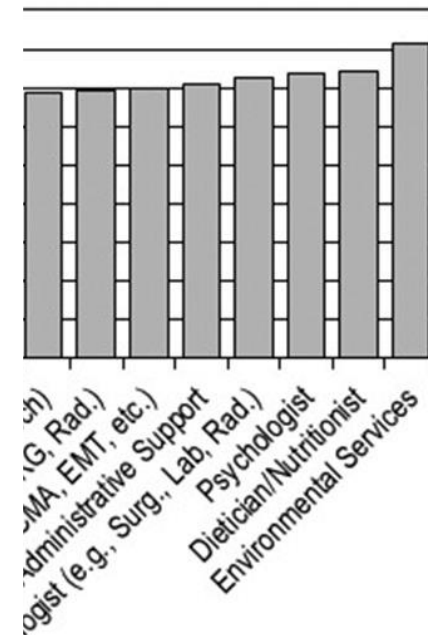
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Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-

C. % Reporting Good WLI



g 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.



OPEN ACCESS

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

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	0.33	0.29	-0.13	-0.30	0.88, 0.08			
10. Participation in decision-making	0.70	0.67	0.56	0.75	-0.61	-0.60	0.45	0.70	-0.29	0.88, 0.13		
11. Work-life climate	0.33	0.28	0.35	0.38	-0.51	-0.53	0.09	0.23	-0.23	0.31	0.82, 0.11	
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.





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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	0.33	0.29						
10. Participation in decision-making	0.70	0.67	0.56	0.75	-0.61	-0.60						
11. Work-life climate	0.33	0.28	0.35	0.38	-0.51	-0.53	0.09	0.23	-0.23	0.31	0.82, 0.11	
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

Burnout ICC .26

"Burnout is a team sport"

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

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

**Burnout is contagious,
but so is resilience...**

Short Report

Having a Happy Spouse With Lowered Mortality



Olga Stavrova ID
Department of Social Psychology, 1

Abstract

Studies have shown that individual life satisfaction is associated with the ultimate life outcome (N = 4,374) followed for up to 100 months. Higher life satisfaction was associated with a 13% lower mortality risk (e.g., household income), but these analyses pointed toward partner life satisfaction has not only introduced in epidemiology, positive psych

- Partner Life Satisfaction Below Median
- Partner Life Satisfaction Above Median

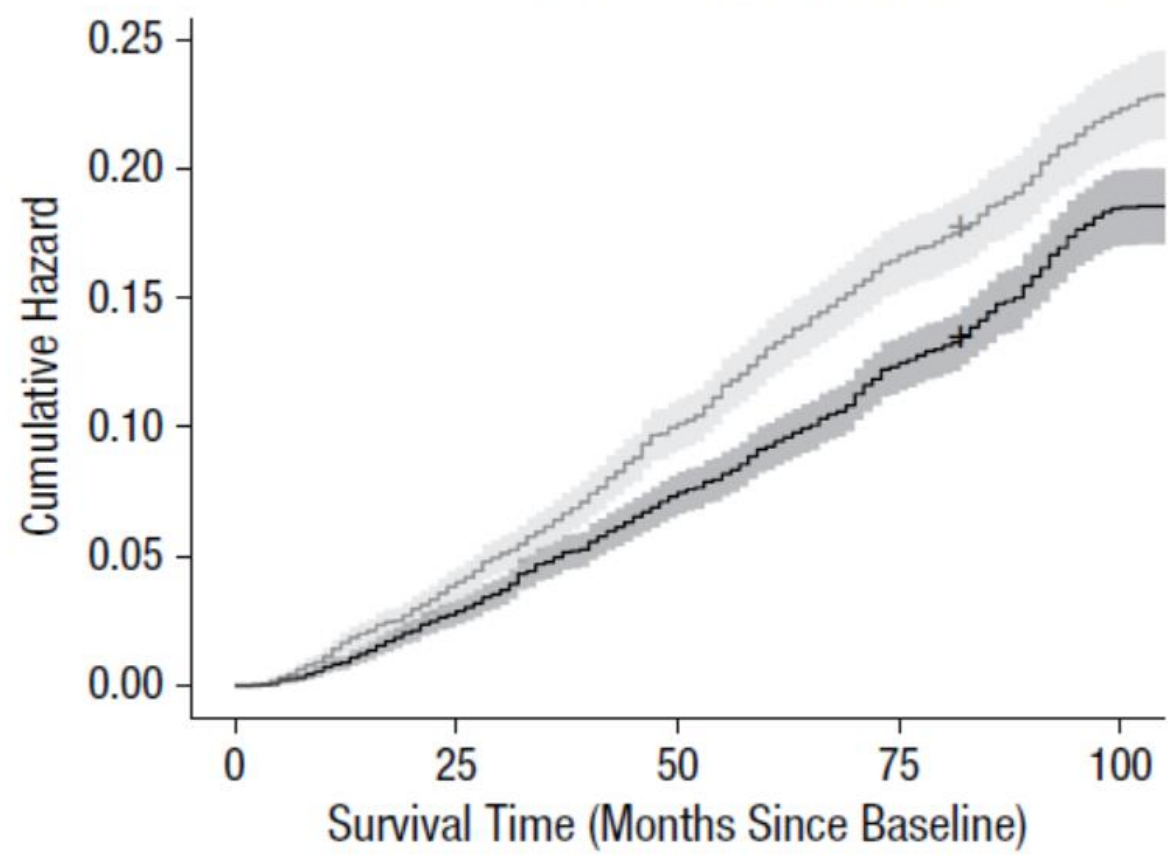


Fig. 1. Cumulative hazard of death (including 95% confidence bands) during the observation period. Results are shown separately for individuals whose spouses reported life satisfaction below the median at baseline and those whose spouses reported life satisfaction above the median at baseline.

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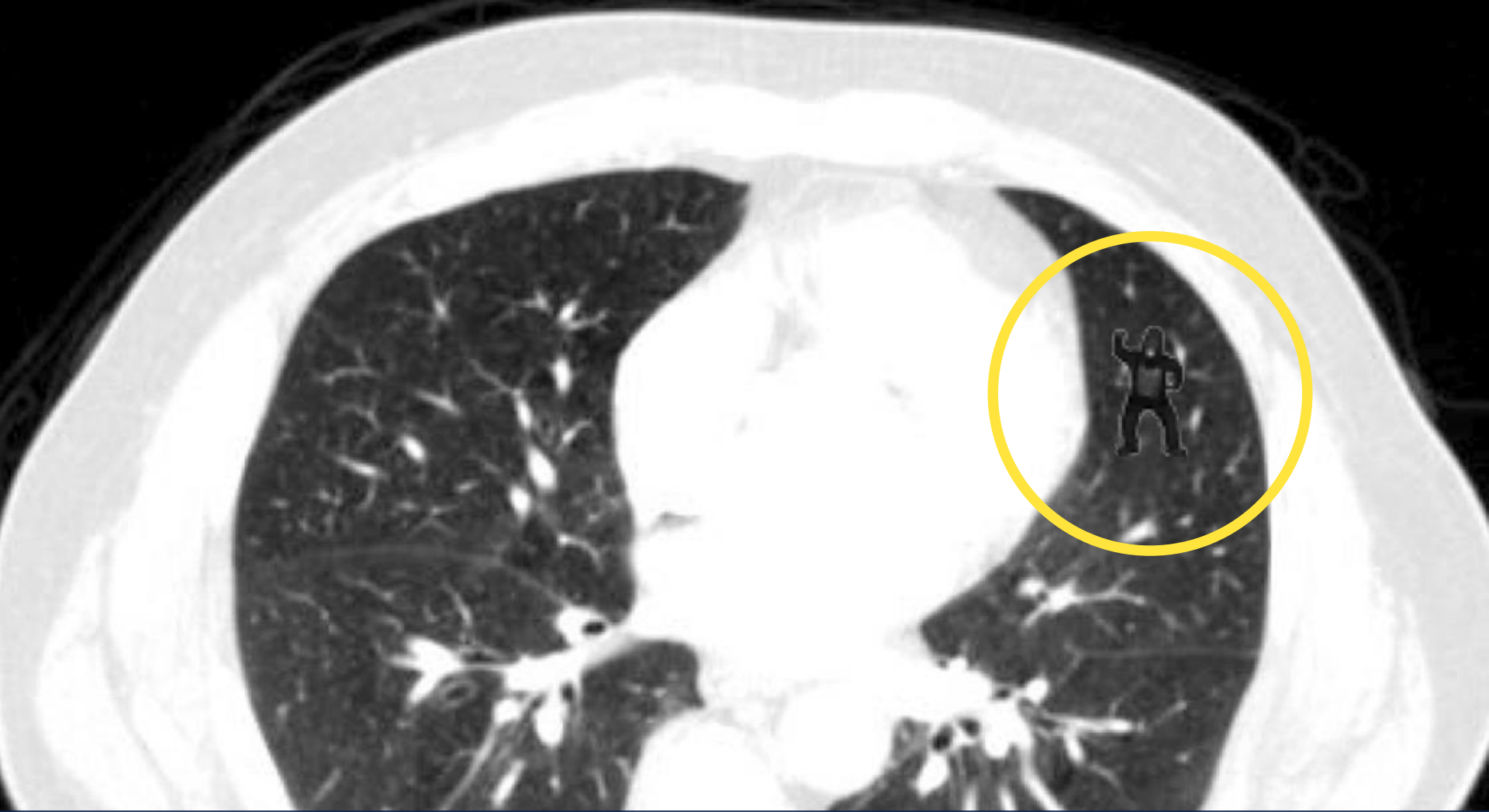


Psychology of Burnout
Your focus and reflections
determine your reality

Psychology of Burnout

Your **focus**
determines your
reality





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.

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

Renzo Bianchi · Eric Laurent

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Abstract Whether emotional information processing is affected in burnout is unclear. The aim of this study was to investigate the nature and advance of the burnout syndrome in terms of attentional processing and depression. Eye-tracking was used to assess overt attentional deployment. The gaze of 30 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 dysphoric stimuli and decreased attention for positive stimuli.

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

...om
nal
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...om
...tion, the
...tigue and help-
...ness; it reflects the worker's... unresolvable
stress and is considered the entry point into... syndrome;
depersonalization characterizes a way of coping with
emotional exhaustion by detaching oneself from one's



DEADLINE



Analogy:

- Noticing something about the world
- Commenting on it briefly through your mobile phone
- Seeing what other people commented on



twitter



Research Article

Psychological Language on Twitter Predicts County-Level Heart Disease Mortality



**Johannes C. Eichstaedt¹, Hansen Andrew Schwartz^{1,2},
Margaret L. Kern^{1,3}, Gregory Park¹, Darwin R. Labarthe⁴,
Raina M. Merchant⁵, Sneha Jha², Megha Agrawal²,
Lukasz A. Dziurzynski¹, Maarten Sap¹, Christopher Weeg¹,
Emily E. Larson¹, Lyle H. Ungar^{1,2}, and Martin E. P. Seligman¹**

¹Department of Psychology, University of Pennsylvania; ²Department of Computer and Information Science, University of Pennsylvania; ³Graduate School of Education, University of Melbourne; ⁴School of Medicine, Northwestern University; and ⁵Department of Emergency Medicine, University of Pennsylvania

Psychological Science

1–11

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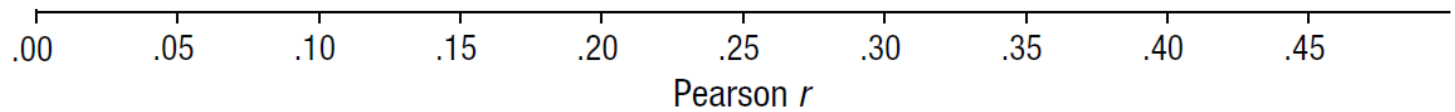


Fig. 2. Performance of models predicting age-adjusted mortality from atherosclerotic heart disease (AHD). For each model, the graph shows the correlation between predicted mortality and actual mortality reported by the Centers for Disease Control and Prevention. Predictions were based on Twitter language, socioeconomic status, health, and demographic variables singly and in combination. Higher values mean better prediction. The correlation values are averages obtained in a cross-validation process used to avoid distortion of accuracy due to chance (overfitting; for details, see the text). Error bars show 95% confidence intervals. Asterisks indicate significant differences between models ($*p < .05$).

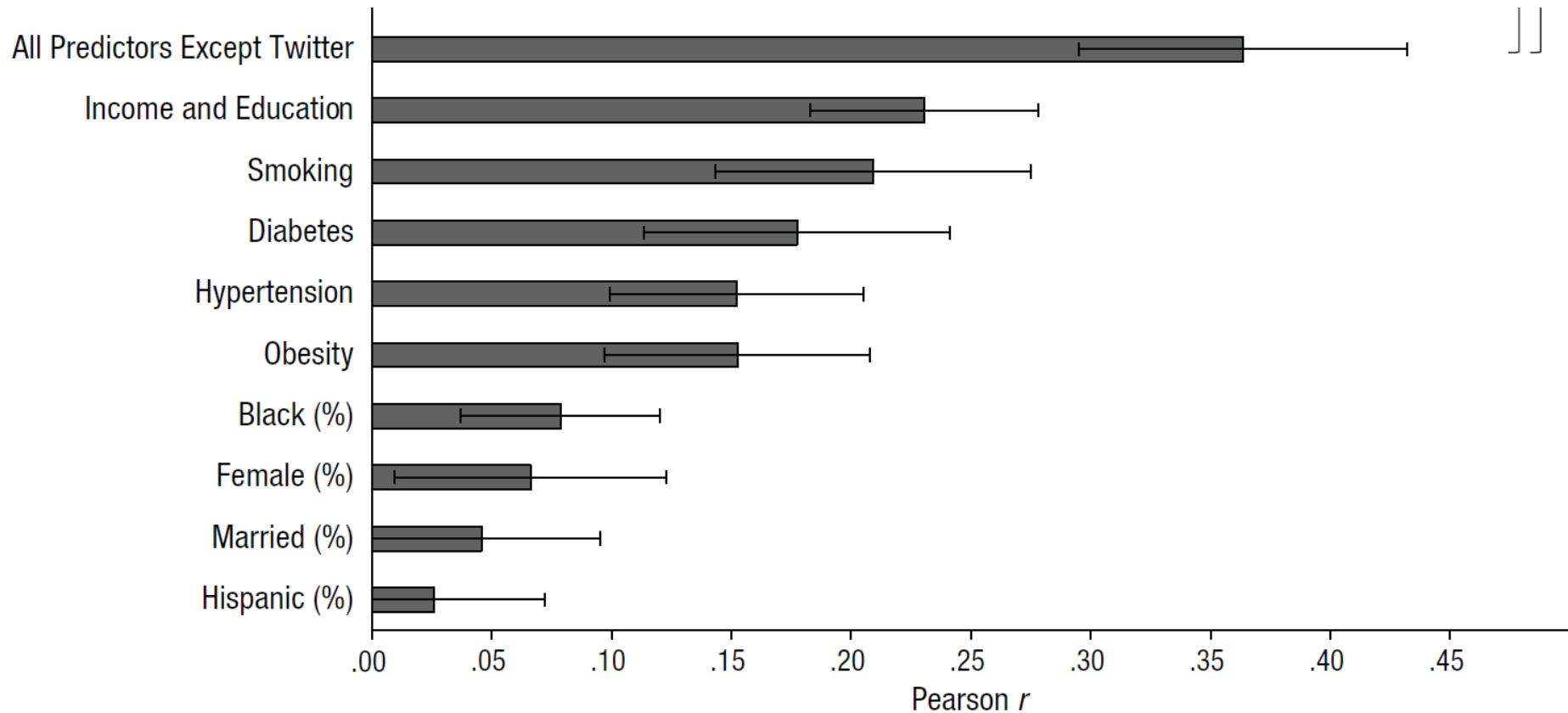


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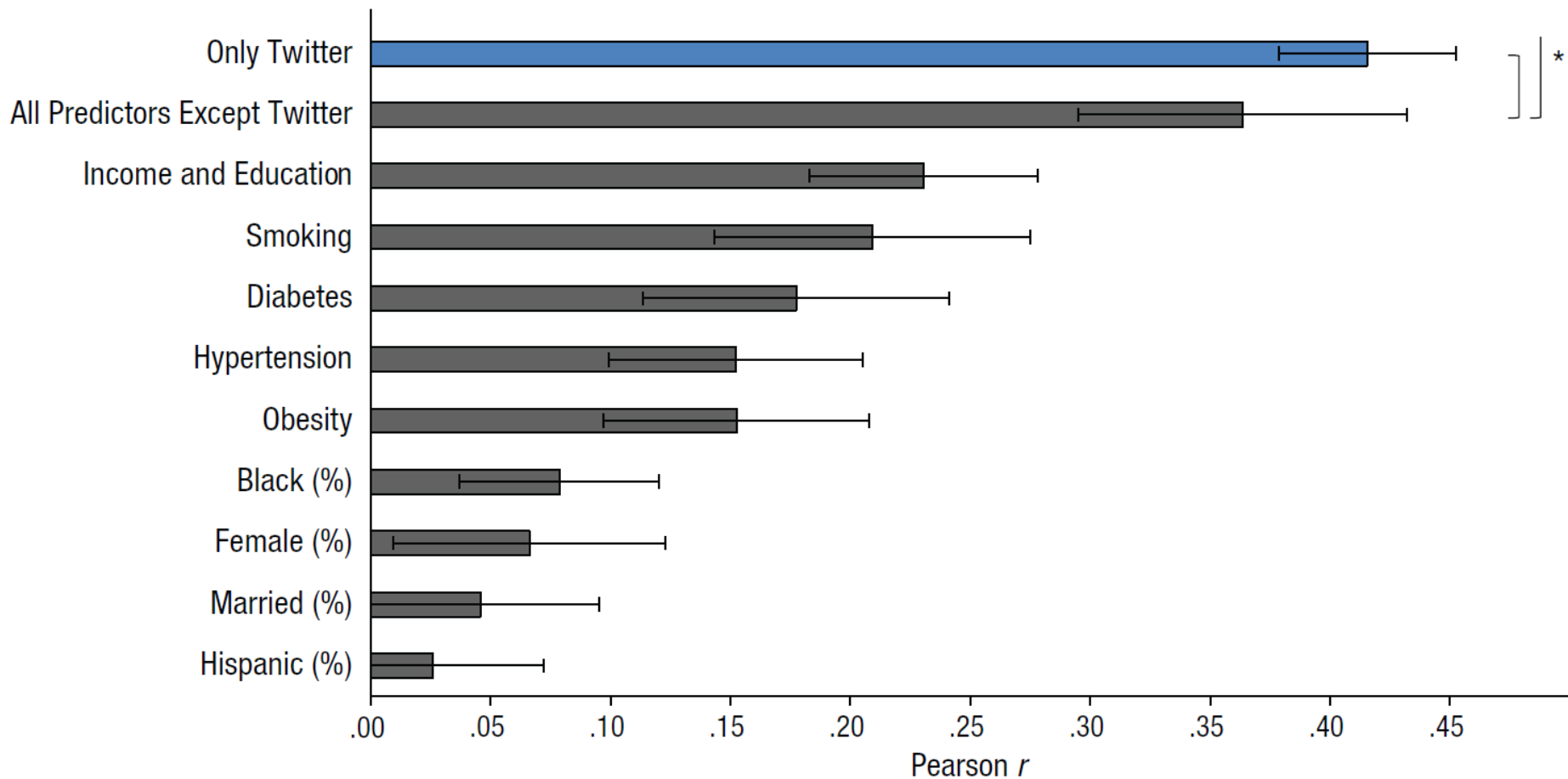


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CDC-Reported AHD Mortality

Twitter-Predicted AHD Mortality

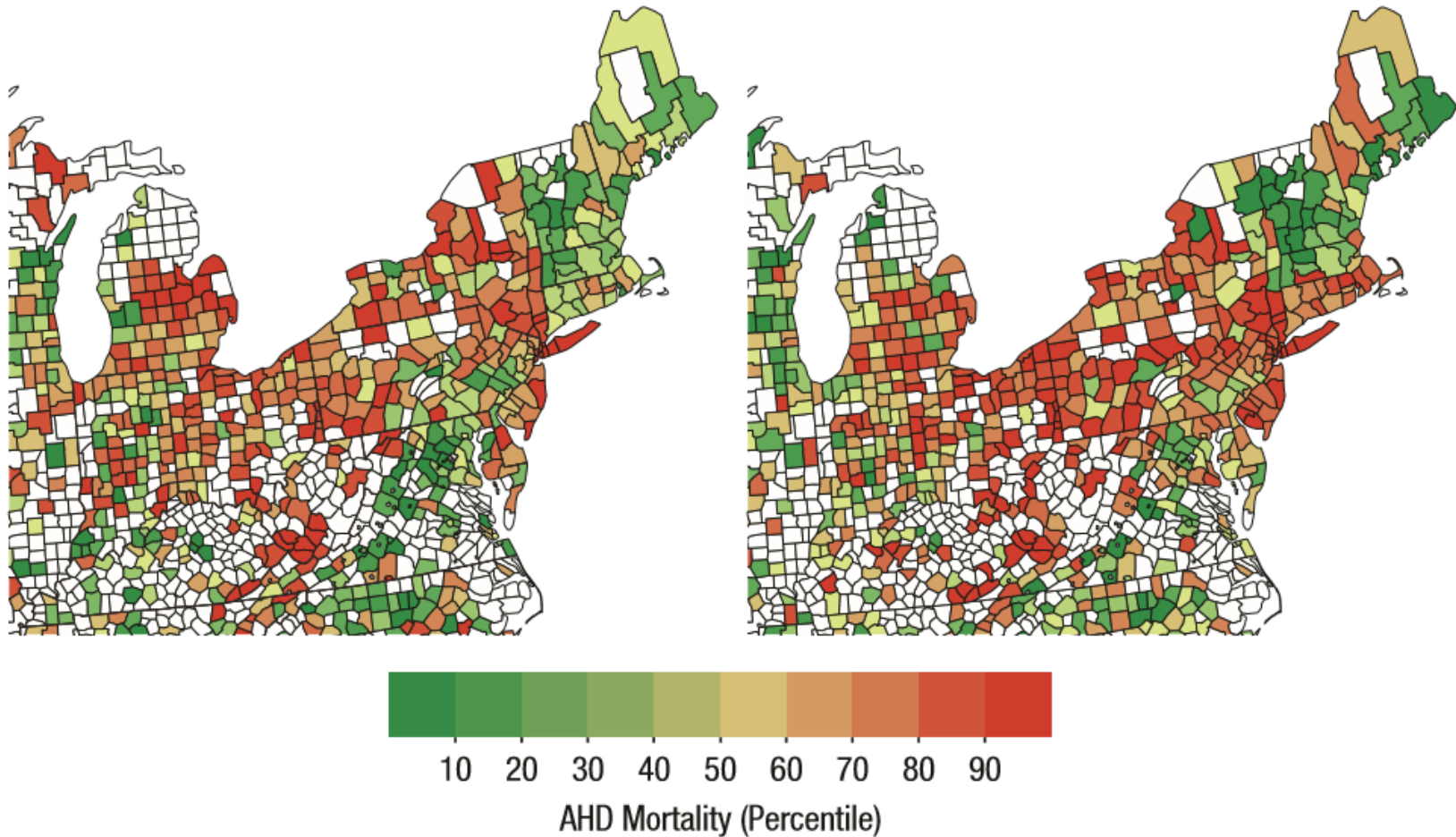


Fig. 3. Map of counties in the northeastern United States showing age-adjusted mortality from atherosclerotic heart disease (AHD) as reported by the Centers for Disease Control and Prevention (CDC; left) and as estimated through the Twitter-language-only prediction model (right). The out-of-sample predictions shown were obtained from the cross-validation process described in the text. Counties for which reliable CDC or Twitter language data were unavailable are shown in white.

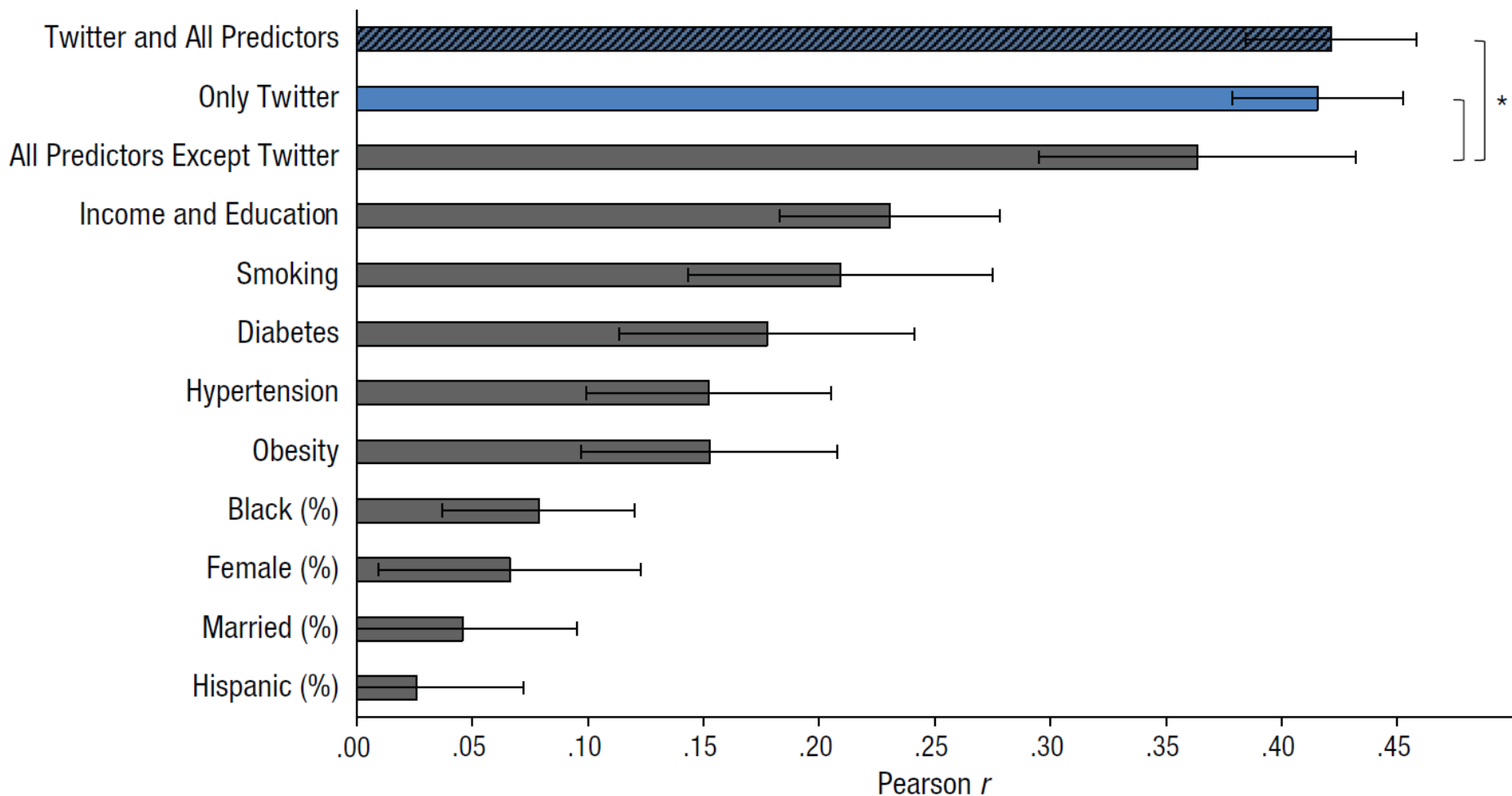


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📍 Durham, NC

🌐 hsq.dukehealth.org

📅 Joined January 2019

 **@JBryanSexton1**

Burnout is associated with:



Lower Patient Satisfaction

Aiken et al. BMJ 2012;344:e1717
Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): 1157-1166.

Infections

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



Medication Errors

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

Higher Standardized Mortality Ratios

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



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

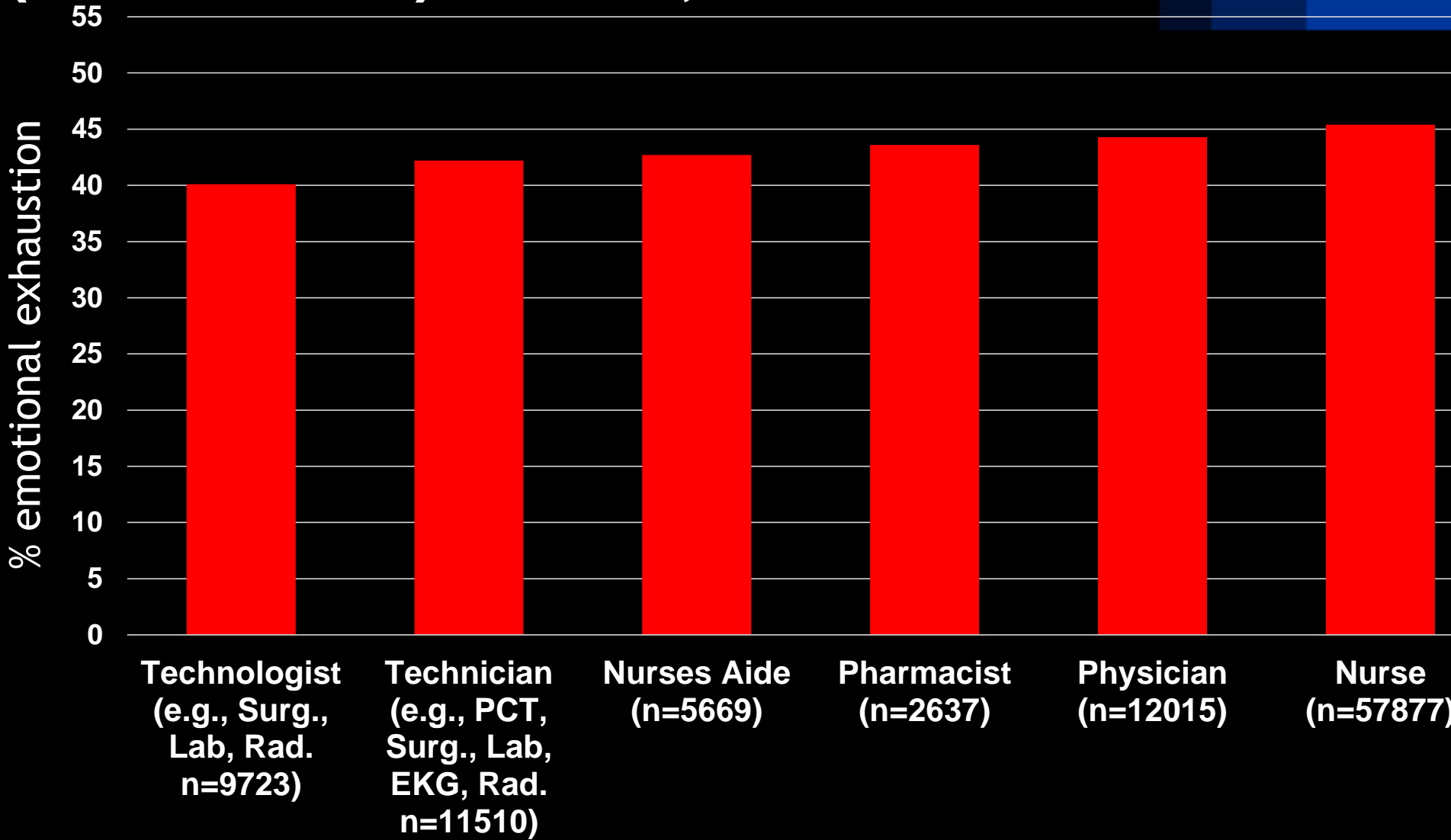


MBI 3 Pillars of Burnout:

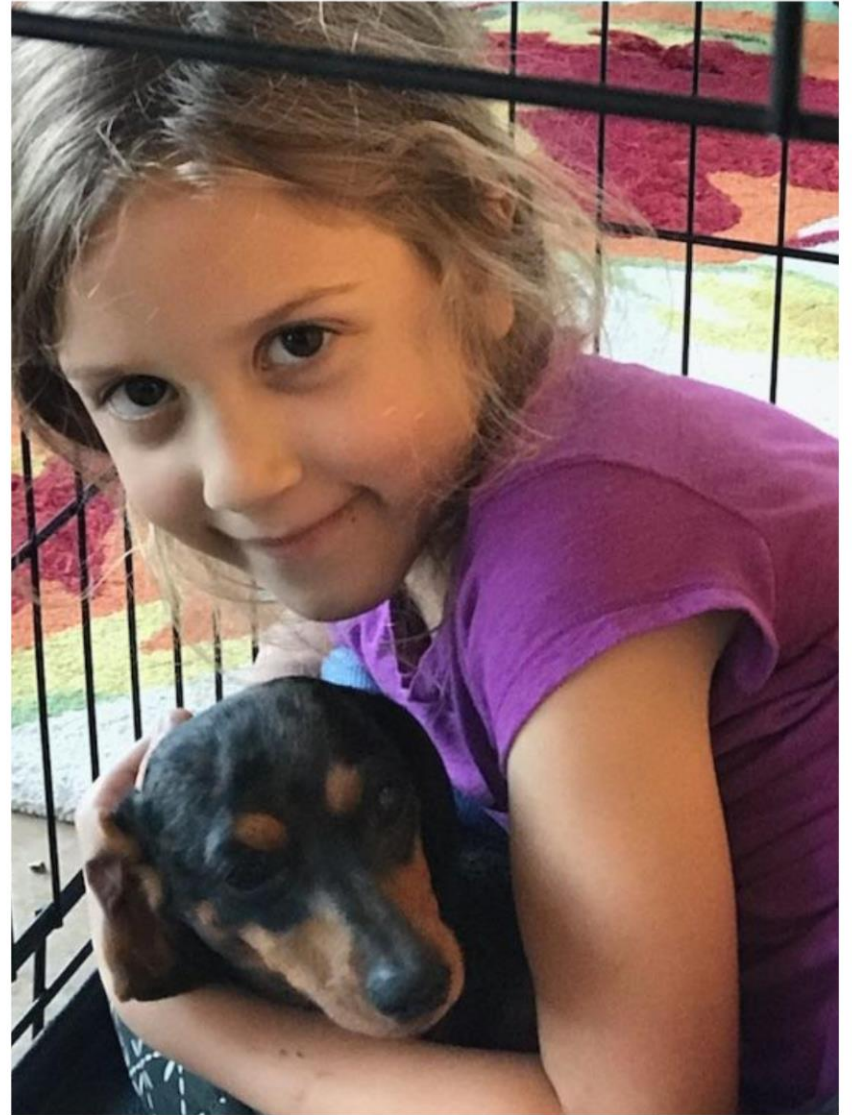
- **Emotional Exhaustion** (overwhelmed, drained, unable to meet demands)
- **Depersonalization** (callousness, seeing others as objects)
- **Inefficacy** (diminishes sense of accomplishment)



Burnout Scores by Role (SCORE results) over 200,000 healthcare workers



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



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





Joy

Gratitude



Serenity



Interest



Hope



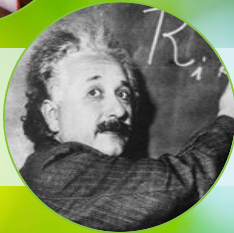
Pride



Amusement



Inspiration



Awe

Love





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).



MEANING
AND
PURPOSE

Through Positive
Emotions...

Positive Emotions
Recharge your
Batteries...



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



Three Good Things

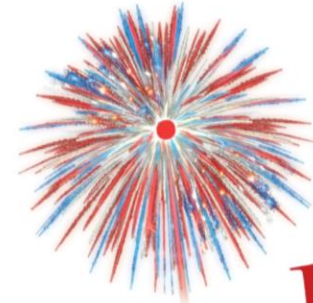


Three Good Things



"A compelling view of a positive human future, for individuals, corporations, and nations, brilliantly told." —Tony Hsieh, author of *Delivering Happiness* and CEO of Zappos.com, Inc.

A Visionary New Understanding
of Happiness and Well-being



Flourish

MARTIN E.P.
SELIGMAN

BESTSELLING AUTHOR OF
AUTHENTIC HAPPINESS

Positive Psychology Progress

Empirical Validation of Interventions

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

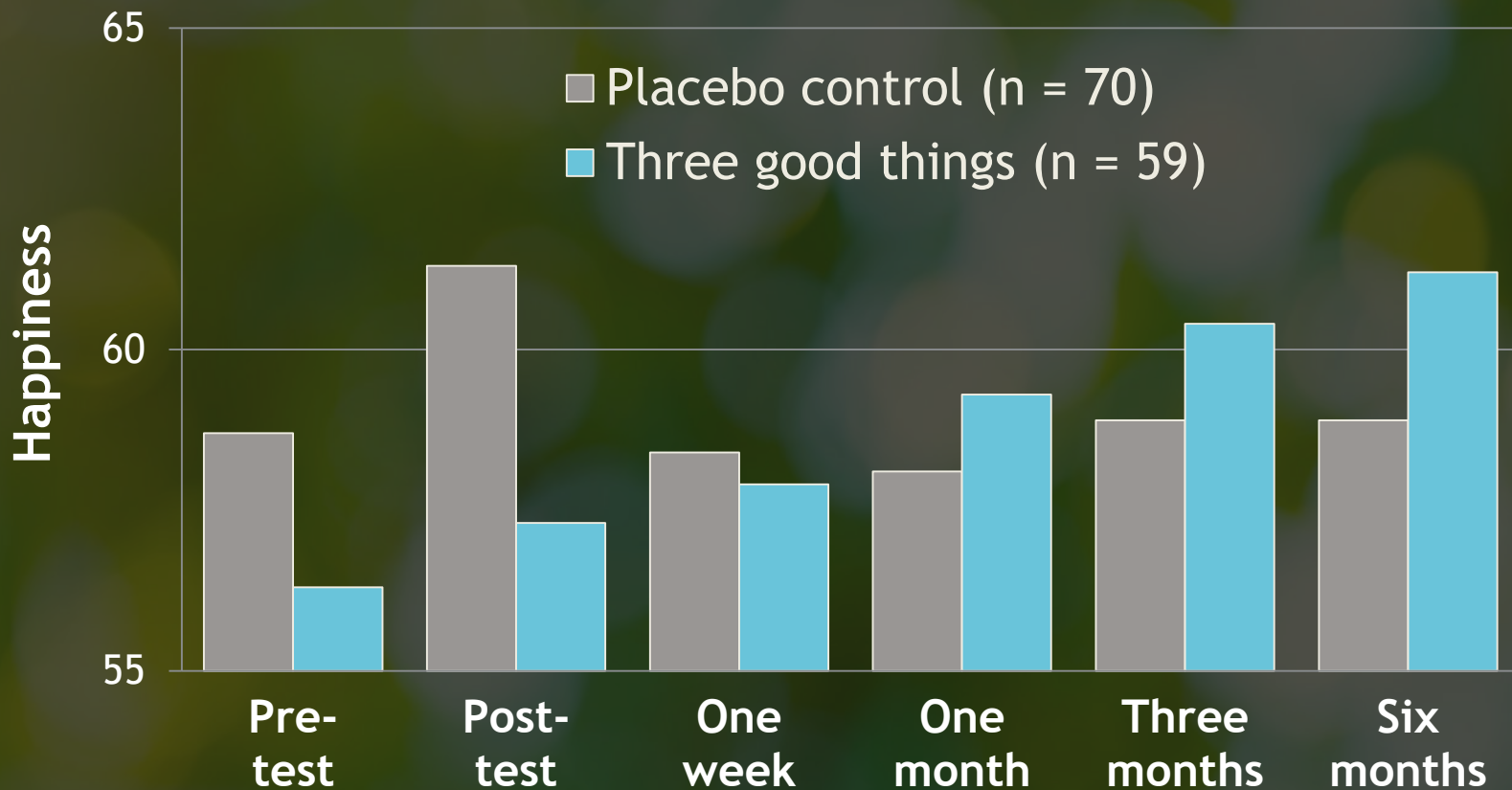
University of Pennsylvania
University of Rhode Island
University of Michigan

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.

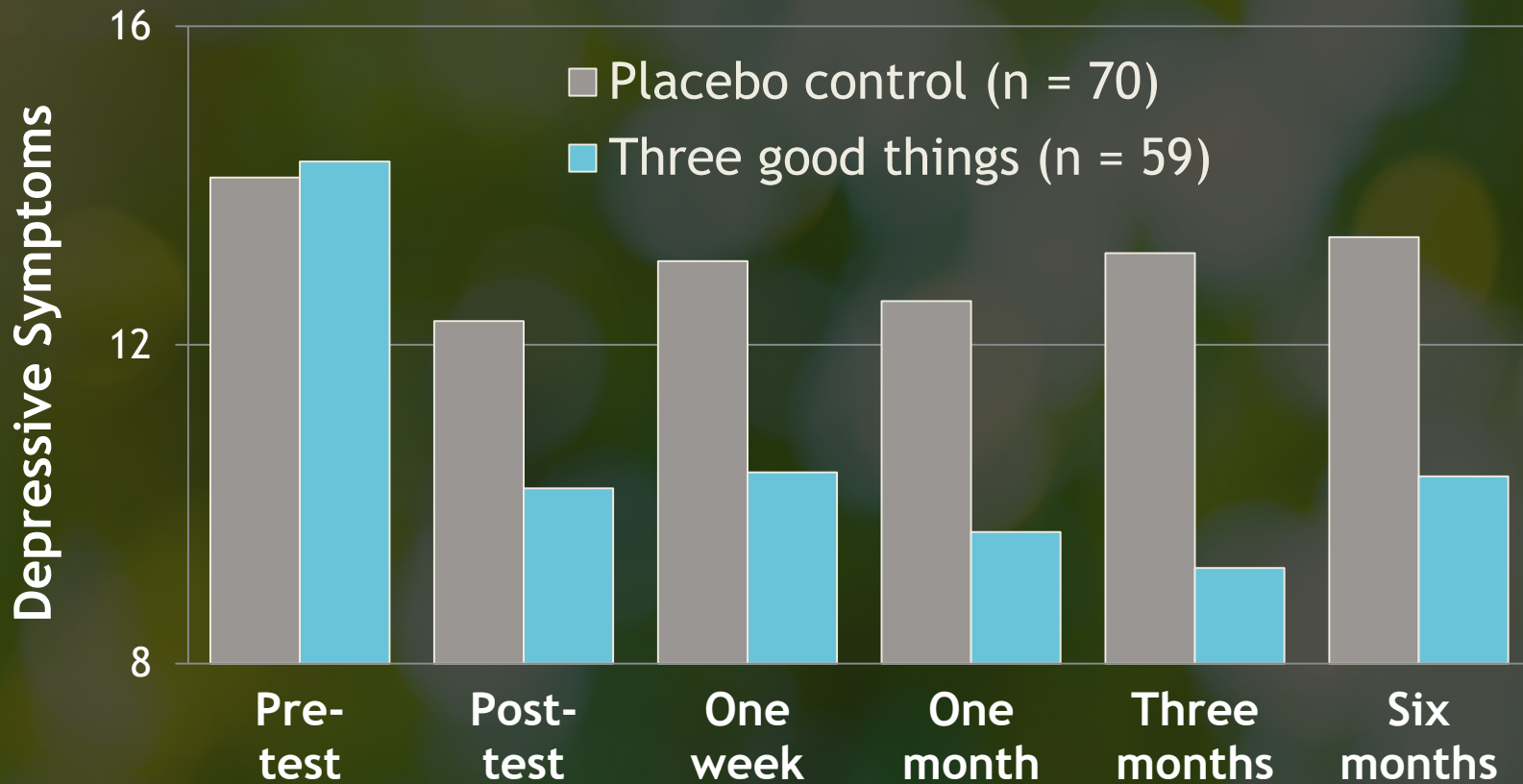
July–August 2005 • American Psychologist

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Vol. 60, No. 5, 410–421 DOI: 10.1037/0003-066X.60.5.410

Three Good Things



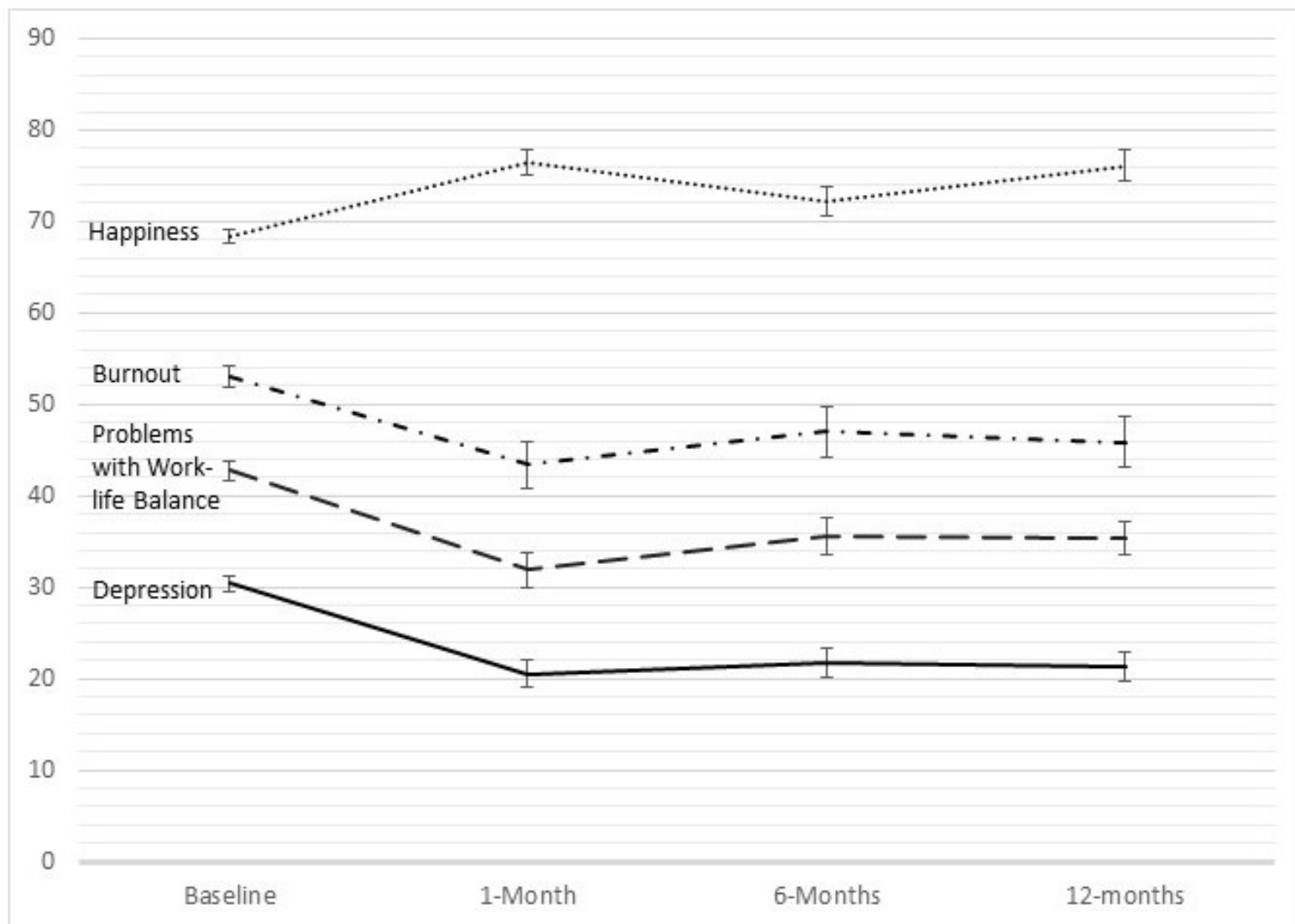
Three Good Things



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

BMJ Open Forty-five good things: a prospective

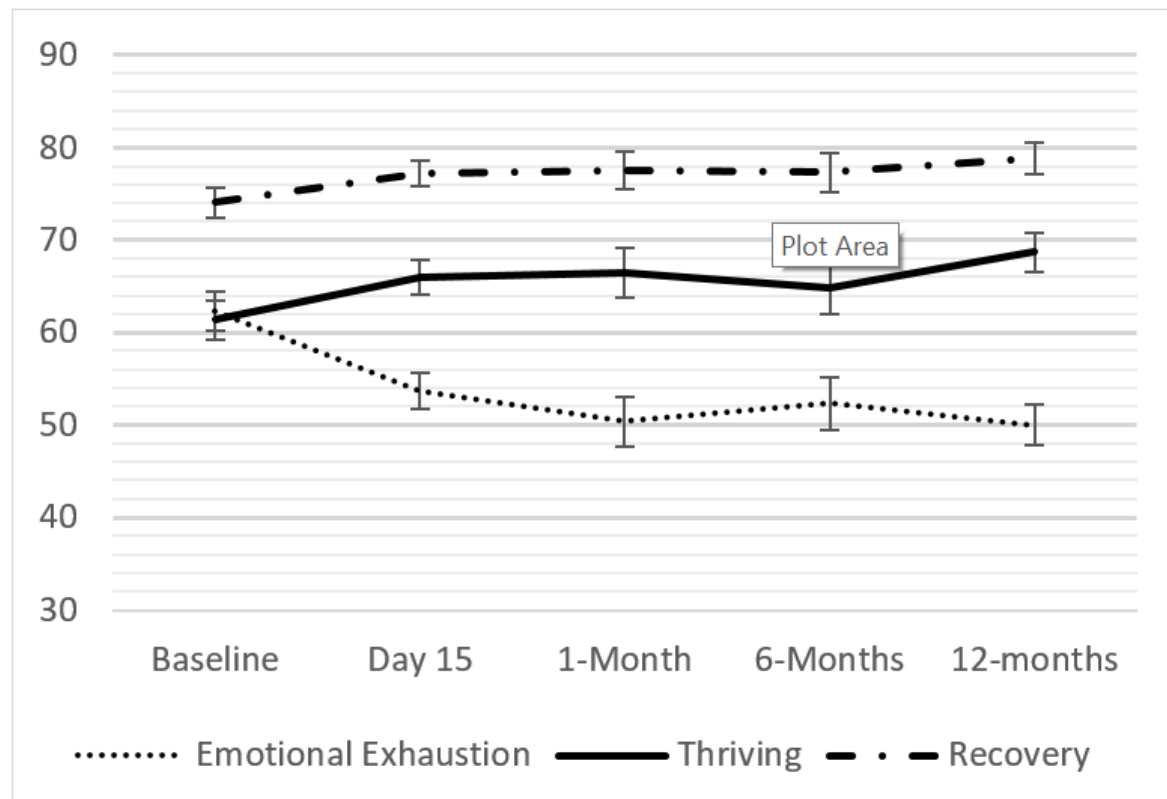


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the Three Good Things...
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USA for healthcare wo...
emotional exhaustion,...
depression, work-life...
and happiness. *BMJ O*...
2019;0:e022695. doi:



3 Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across 3 distinct interventions

Figure 1. Study 1: Three Good Things Means and Standard Errors for Emotional Exhaustion, Thriving, and Recovery across Assessment Points



Interested in more?

Webinar
Series

bit.ly/wellduke

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

—Barbara Fredrickson



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

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

#1

Three Good Things...
in bed

sa

ial

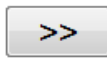
hours.

WISER 

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

[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"/>



www.dukepatientsafetycenter.com

Survey Powered By [Qualtrics](#)



[S] Three Good Things Exercise, Day 7:

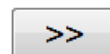
	What went well today, and what was your role in making it happen.	Which one of the following positive emotions best fits how this good thing makes you feel.
Good Thing #1	My 5 year old swam across the pool at the YMCA without any floaties for the first time today!	Pride
Good Thing #2	Watched as glorious 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.	Amusement



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Survey Powered By [Qualtrics](#)

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



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

Three Good Things

Wednesday Letters
Date: _____
To: _____
From: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____
© 2000-2001 WISER
www.wiser.com

I can see my computer w/o glasses! (j)
I LOVE MY NEW OFFICE DECORATIONS ☺
MY NEW PICTURE IS STILL ON THE WALL AT HOME! ☺
MY RELIABLE VEHICLE! Hopefully a low estimate!

I Love my retirement
I am going to NC to see my Parents this coming weekend!! ☺!

It's safe, confirm, re-estimated me
I love my Friendship

Family Dinners Outside with great food - soft breezes & lots of laughter ☺

MY SON IS HOME FROM AFGANISTAN!!

Friend's daughter's surgery went well!

I CAME TO WORK TODAY!!! → makes me happy
It's Potato chip day! in cafe! Home Day
BLUEBERRY DRIVE IS NOW DRY!!
I LOVE MY HAIR!
I LOVE D'S HAIR!

NEW SLEEP NUMBER BEDS!

Mi Ke's haircut looks great!

I'm thankful for volunteers Adrienne + Michael Yehesia

The happy Song:
My BOSS!

25¢ refills
3-DAY WEEKENDS!!

10min. STEMI's with letter to editor!
Proud to be CRMC!

WORKING WITH MINIMAL INTERRUPTIONS

I made it out of bed

*Family & weddings! + video of a Gator Fan
☺ doing the fight song in a FSU tee shirt

FLOWER Boxes built by wonderful husbands who also buy flowers to go in them! 🌸

A husband that waters my flowers + fills the bird

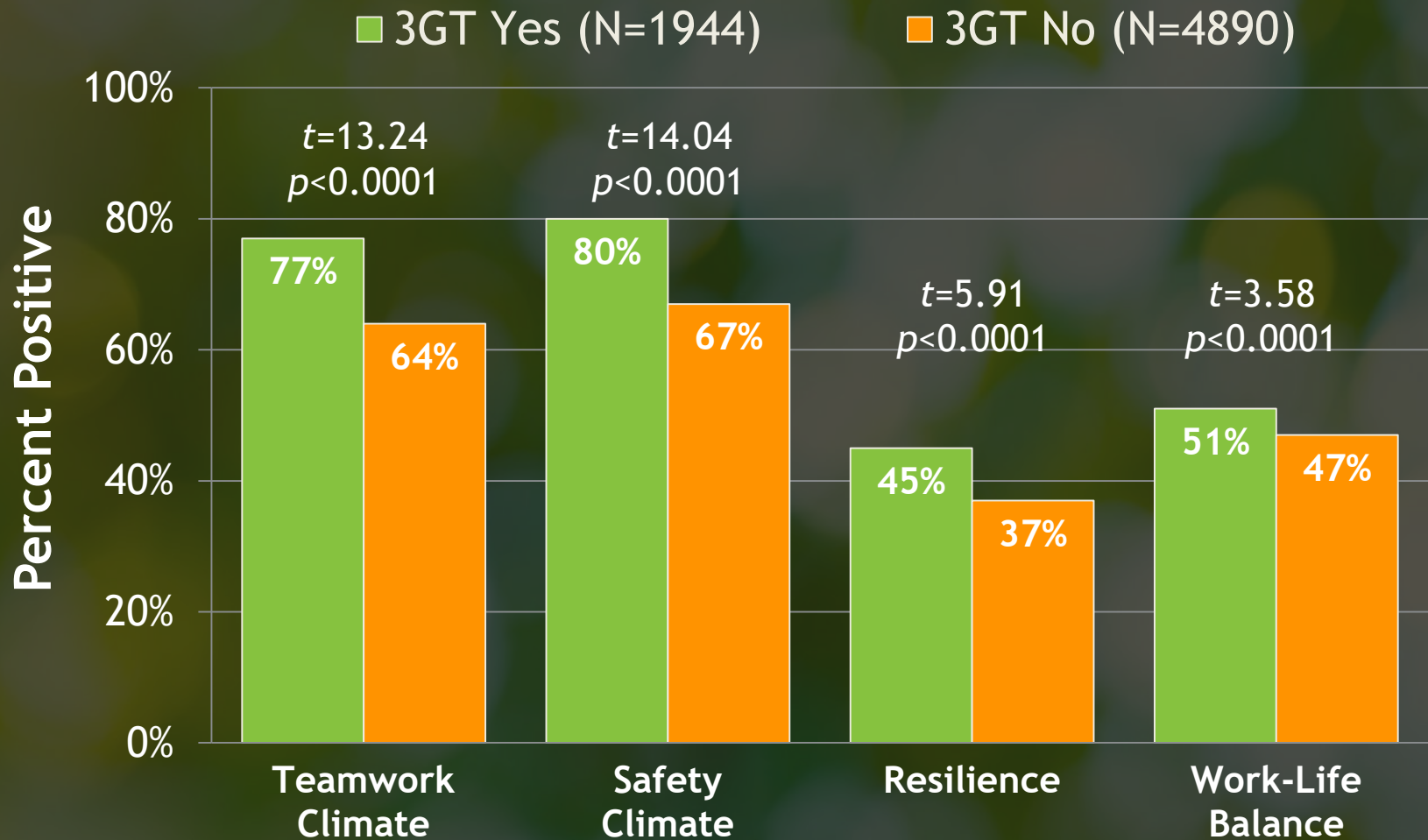




Duke Raleigh Hospital

WISER 

DUH Exposure to 3GT associations with Safety Culture and Well-Being



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



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

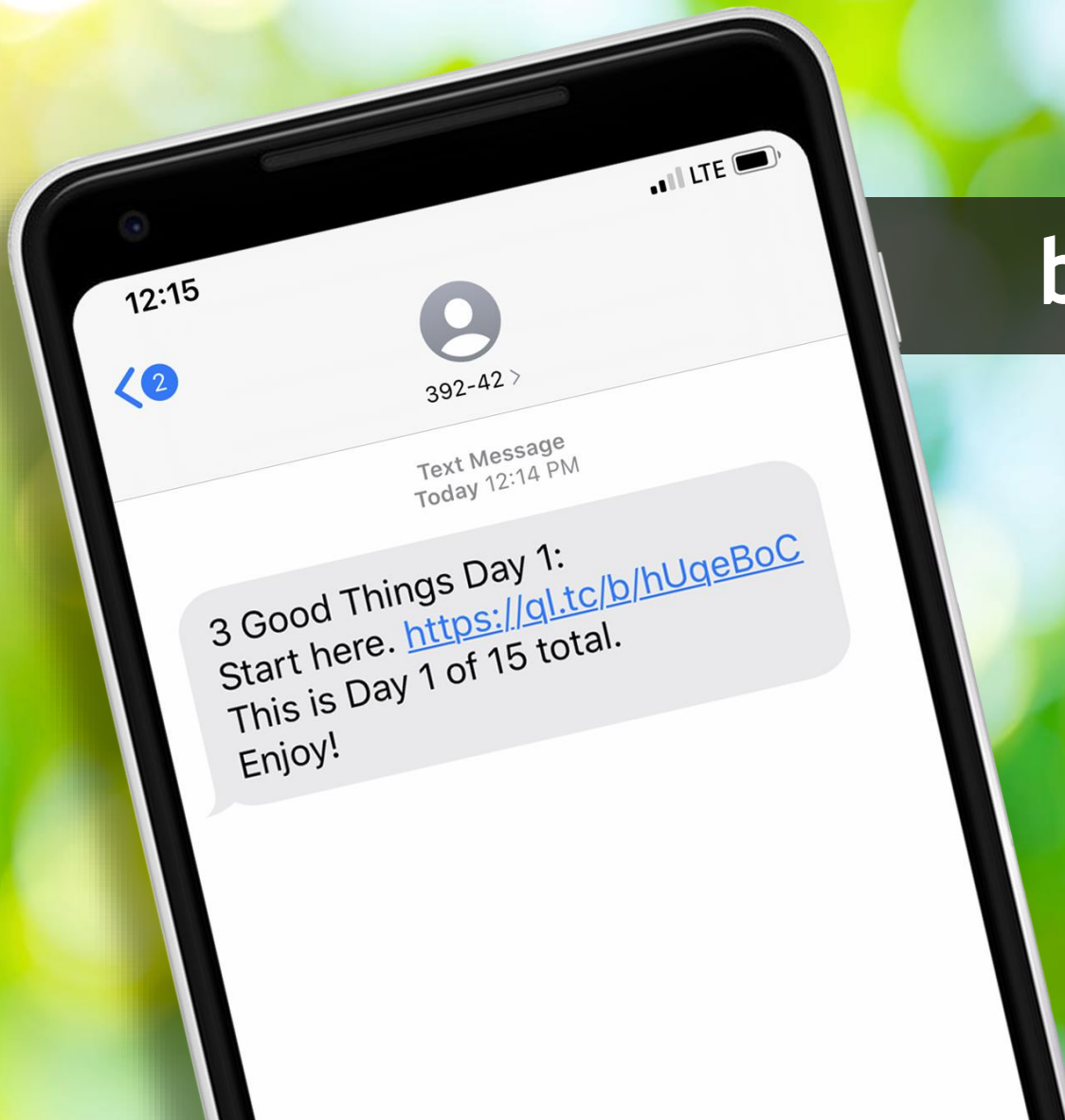
Please get your mobile phone....



Please use your mobile browser to go to:

bit.ly/start3gt





bit.ly/start3gt

- 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



bit.ly/start3gt

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

bit.ly/start3gt



3-Minute Video

Well Being Q&A



Three Good Things

bit.ly/3gtdemo



Traditional Patient Safety Rounding Frame:

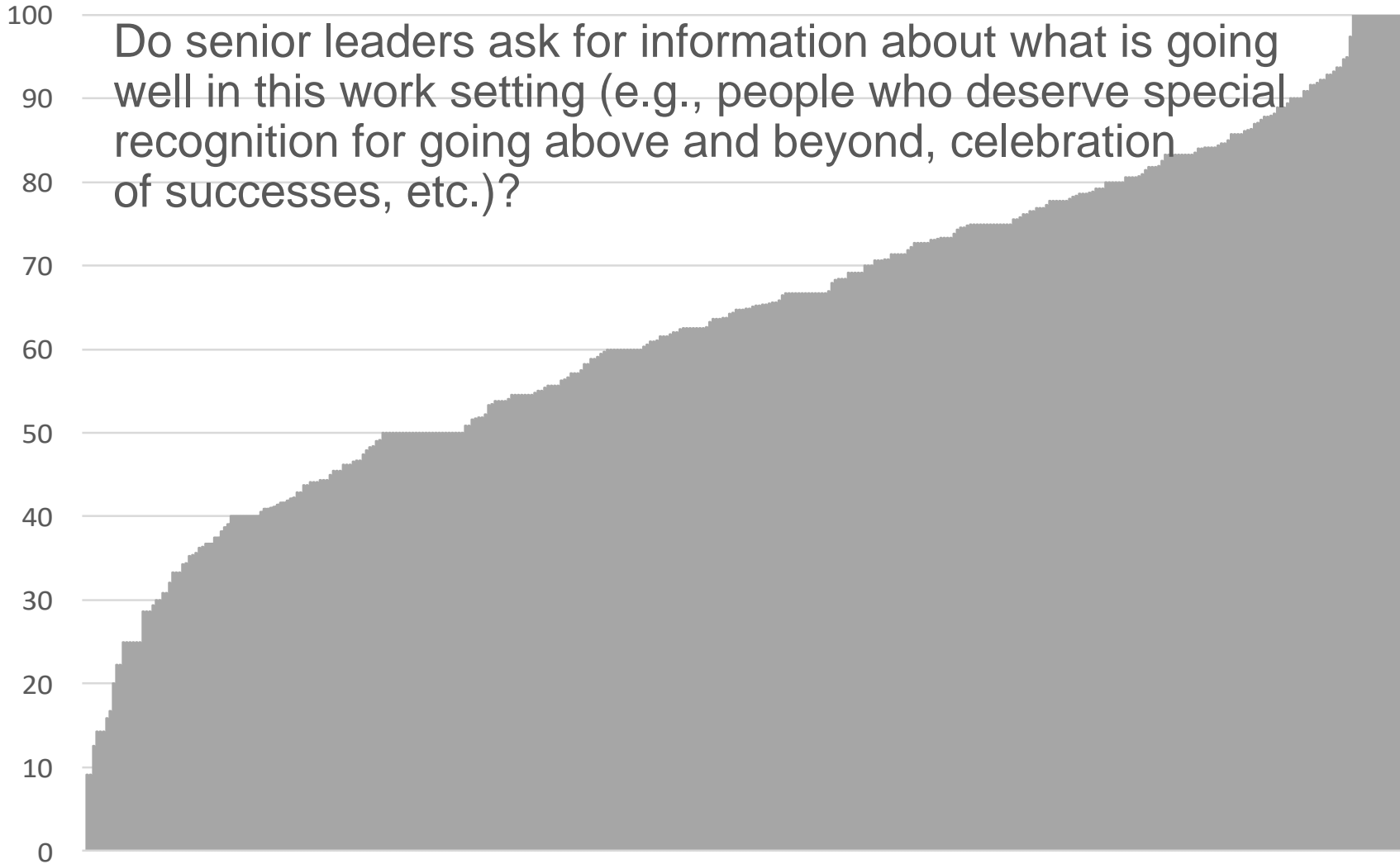
“So how are we going
to kill the next patient
around here?”

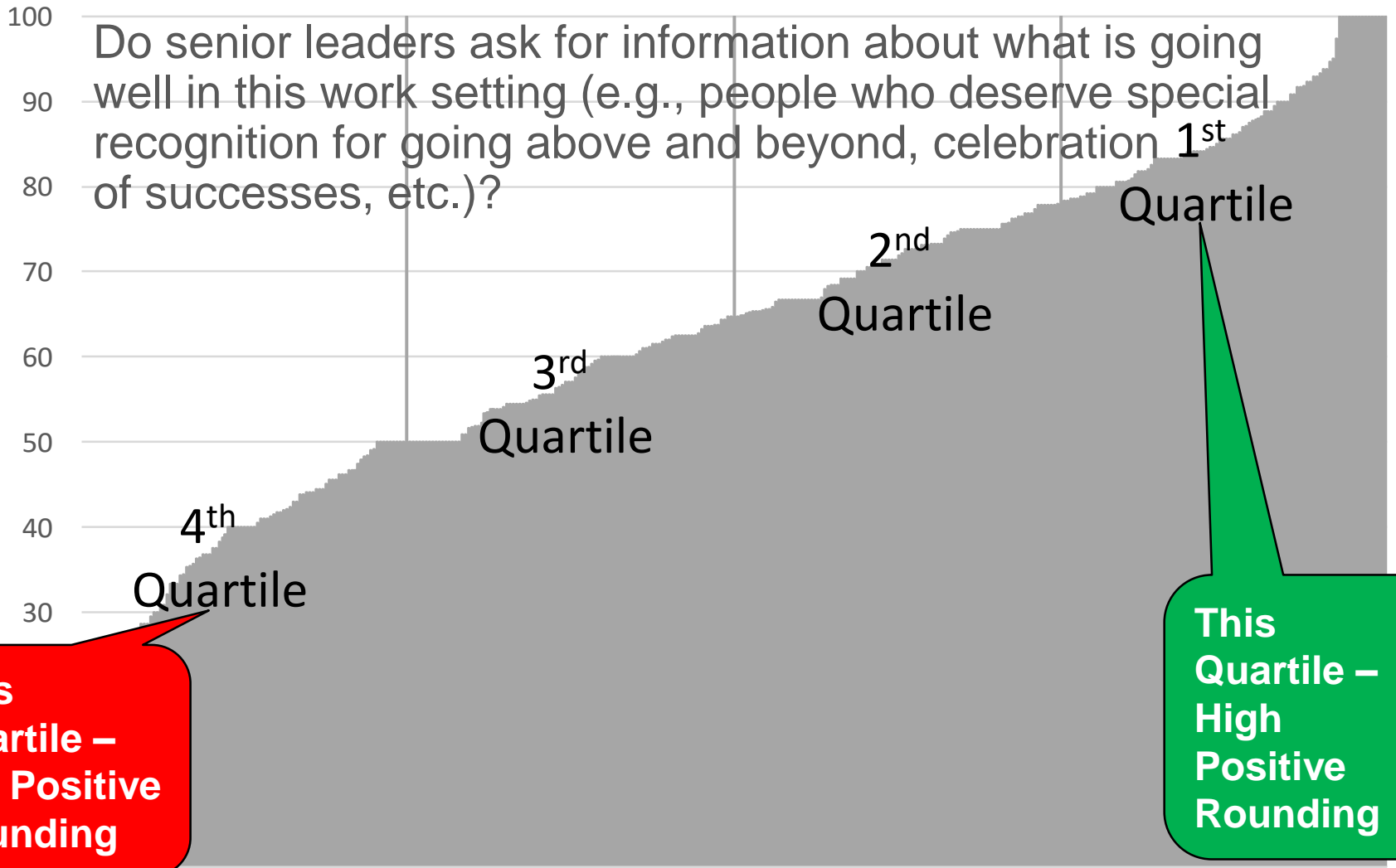
Positive Rounding Frame:

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

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

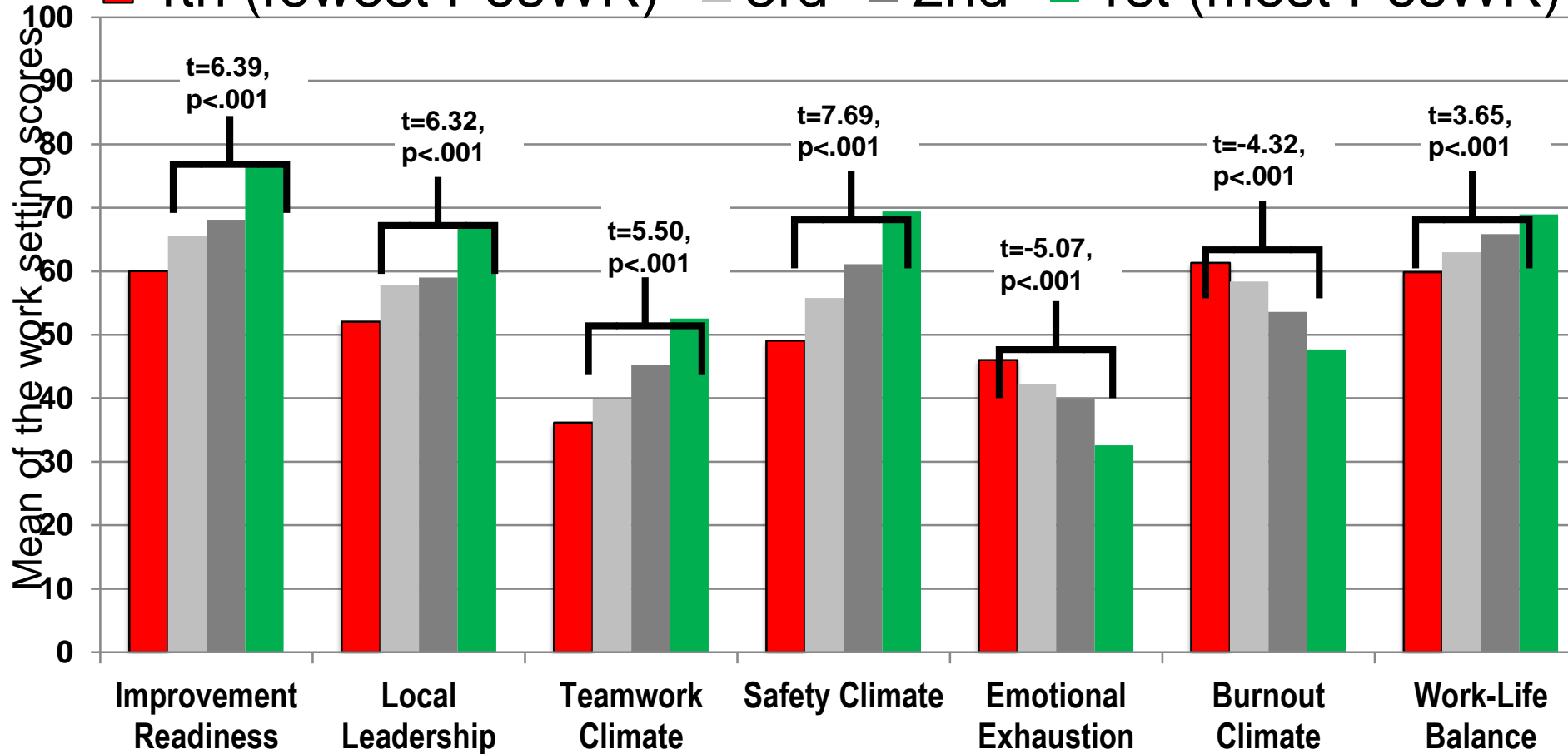
% Yes





Safety Culture & Well-Being by Positive Rounding Quartiles

■ 4th (fewest PosWR) ■ 3rd ■ 2nd ■ 1st (most PosWR)





Pausing and Reflecting

- Large survey of workplace norms (n = 10,496) included three items on positive reflection:
- *The learning environment in this work setting allows us to gain important insights into what we do well*
- *The learning environment in this work setting allows us to pause and reflect on what we do well.*
- *In this work setting local management regularly makes time to pause and reflect with me about my work.*
- Chronbach's alpha: .863

Relationship between
institutional resources and well-
being after controlling for positive
reflections:

Relationship between
institutional resources and well-
being after controlling for positive
reflections:

ZERO

or nearly Zero



Examples

• Institutional Resources

- Schwartz Center Rounds
- Just Culture Training
- Positive Rounding
- Safety Rounding
- Second Victim Support

• Resources for individuals:

- Gratitude Letters: bit.ly/grattool
- Cultivate Hope: bit.ly/fwdtool
- 3 Funny Things: bit.ly/start3ft
- Cultivate Confidants: bit.ly/1goodchat
- Cultivate Awe and Wonder: bit.ly/awetool
- Random Acts of Kindness: bit.ly/kindtext
- Cultivate Mindfulness: bit.ly/3goodminutes
- Cultivate Interest & Curiosity: bit.ly/inttool
- 3 Good Things: bit.ly/start3gt



Meeting Agenda Item

-One good thing so far this week



Enduring Resources (for Pausing & Reflecting)

- Cultivate gratitude: bit.ly/grattool
- Cultivate positive emotions: bit.ly/start3gt
- Cultivate engagement: bit.ly/inttool
- Cultivate awe: bit.ly/awetool
- Cultivate hope: bit.ly/fwdtool
- Cultivate work-life balance: bit.ly/wlbtool
- Mindfulness: bit.ly/3goodminutes
- Self Compassion: bit.ly/selfcomptool
- Cultivate relationships: bit.ly/1goodchat
- Cultivate serenity: bit.ly/serenitytool

Positive Emotion & calibrating to situation are keys to resilience
Frequency...not magnitude of positive emotion

• www.hsq.dukehealth.org

Resilience Ambassador Training in Durham, NC

Q&A

TOOL

bit.ly/start3gt

Continuing
Ed Credit

bit.ly/threeegt

Webinar
Series

bit.ly/wellduke



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📍 Durham, NC

🔗 hsq.dukehealth.org

📅 Joined January 2019

 **@JBryanSexton1**

Monthly Resilience Webinar series:

–1 hour continuing education credit (MD/RN/other)

–1 tool each month, recorded, with Q&A

JANUARY	Prevalence & Severity of Burnout: Workforce Resilience as Care Quality
FEBRUARY	Enhancing Resilience: The Science and Practice of Gratitude
MARCH	Relationship Resilience: The Science of How Other People Matter
APRIL	Enhancing Resilience: Three Good Things
MAY	Enhancing Resilience: Practicing Safe Stress and the Science of Sleep
JUNE	Psychological Safety: The Predictive Power of Feeling Supported When Things Go Wrong
JULY	Science of Mindfulness
AUGUST	Health Care Worker Resilience, Work-Life Integration, and Burnout
SEPTEMBER	Collaboration vs. Dealing with Difficult Colleagues: Assessing, Understanding and Improving Teamwork in a Clinical Area Near You
OCTOBER	Science of Wow: Cultivating Awe and Wonder as a Resilience Strategy
NOVEMBER	Positive WalkRounds: Leader Rounding to Identify What is Going Well—Links to Quality, Culture and Workforce Resilience
DECEMBER	Enhancing Resilience: Survival of the Kindest



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