



Thriving vs. Surviving during Times of Change:

The Science of Enhancing Resilience

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Conflict of Interest Disclosure

J Bryan Sexton does not have any real or apparent conflict(s) of interests or vested interest(s) that may have a direct bearing on the subject matter of the continuing education activity.

Learning Objectives

This presentation will enable participants to:

- Translate how increases in stress at the societal and nursing unit levels impact care quality and self-care in general.
- Measure unit level norms that enhance vs. hinder work-life balance.
- Demonstrate evidence-based resilience enhancing interventions through live demonstrations and experiential learning.



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





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

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.

CROSS-

Rehder,⁴

satisfaction. ds, poorly signed incen- unhealthy tal discord, and short- e is growing

antisocial expe-

periences of contemporary healthcare workers as burnout and dissatisfaction with work-life balance (WLB) continue to increase.^{6–9}

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 including teamwork, safety and burnout.

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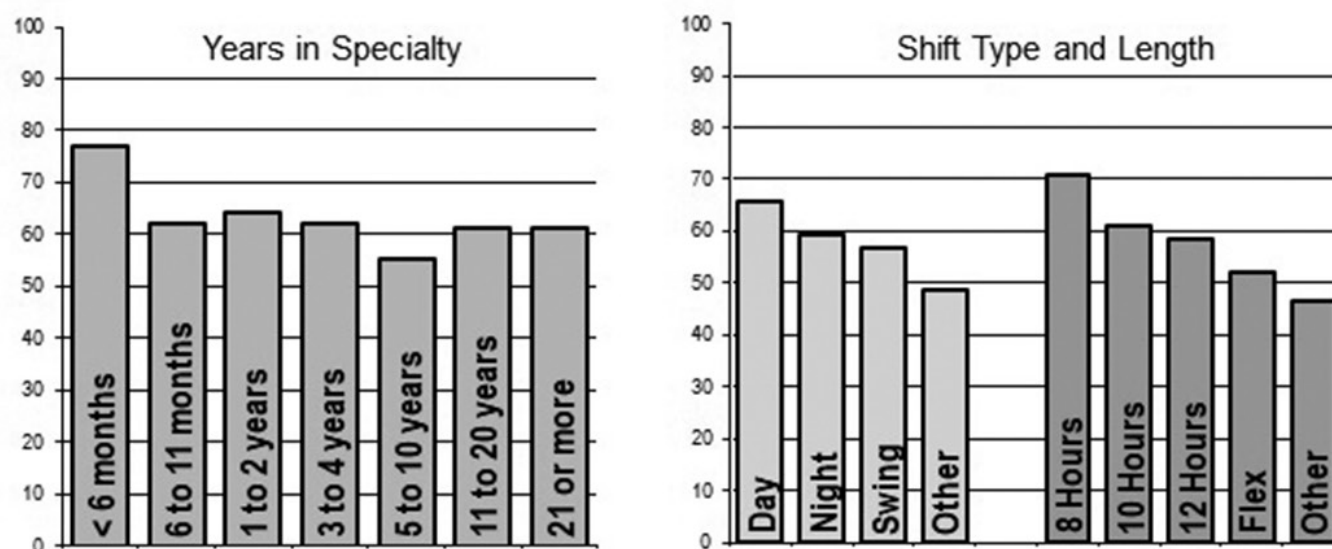
⁴Department of Pediatrics, Duke University Children's Hospital and Health Center, Durham, North Carolina, United States
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Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-

C. % Reporting Good WLI



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.



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

J Bryan Sexton,^{1,2} Kathryn C Adair,³

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						
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	0.51	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.

Burnout ICC .26

"Burnout is a team sport"

Burnout is associated with:

Lower Patient Satisfaction

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



Infections

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



Medication Errors

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



Higher Standardized Mortality Ratios

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



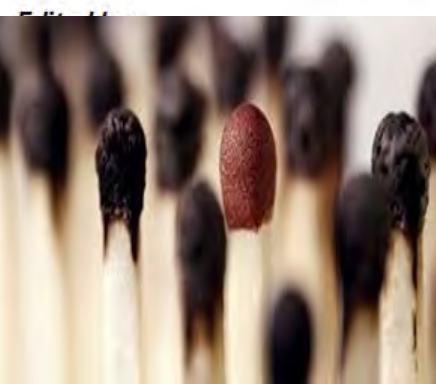
Emotional exhaustion and workload predict clinician-rated and objective patient safety

Annalena Welp¹*, Laurenz L. Meier² and Tanja Manser³

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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

Am I burned out?

You try to be everything to everyone

You get to the end of a hard day at work, and feel like you have not made a meaningful difference

You feel like the work you are doing is not recognized

You identify so strongly with work that you lack a reasonable balance between work and your personal life

Your job varies between monotony and chaos

You feel you have little or no control over your work

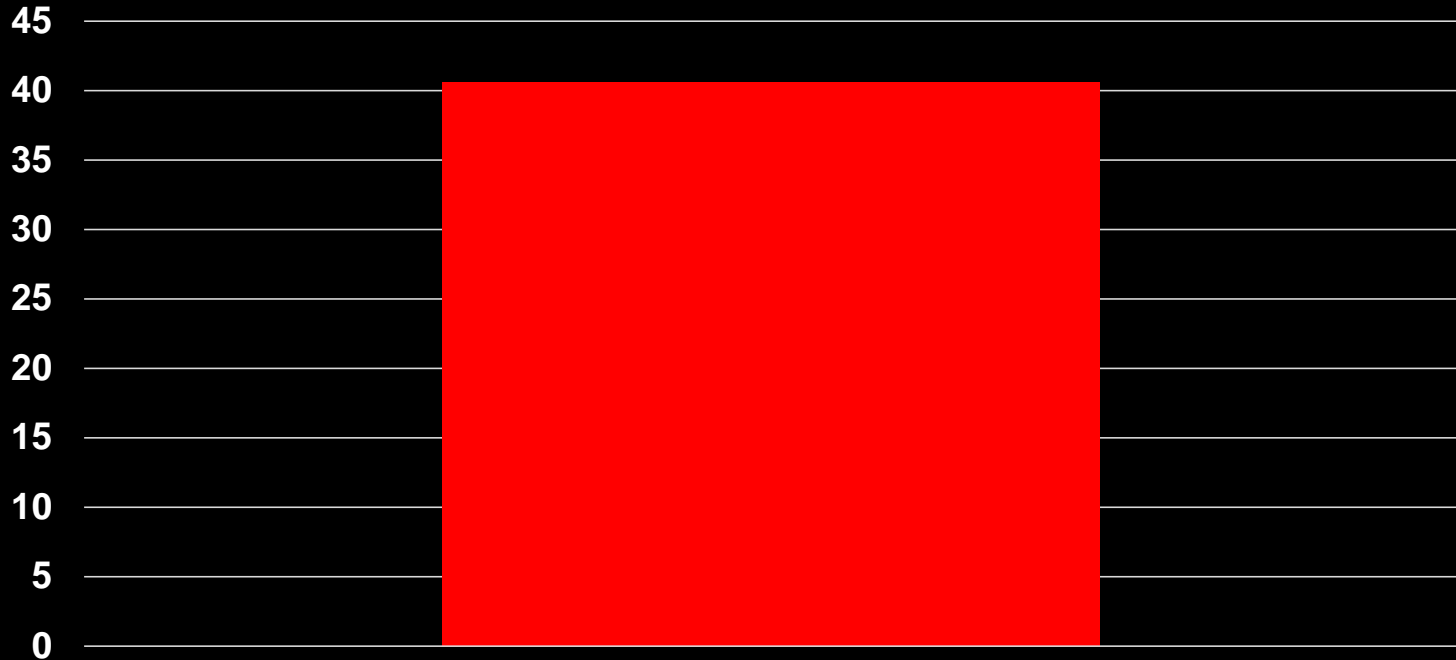
You work in healthcare





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

% emotional exhaustion



200,999 HCW (40.6%)





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

% emotional exhaustion

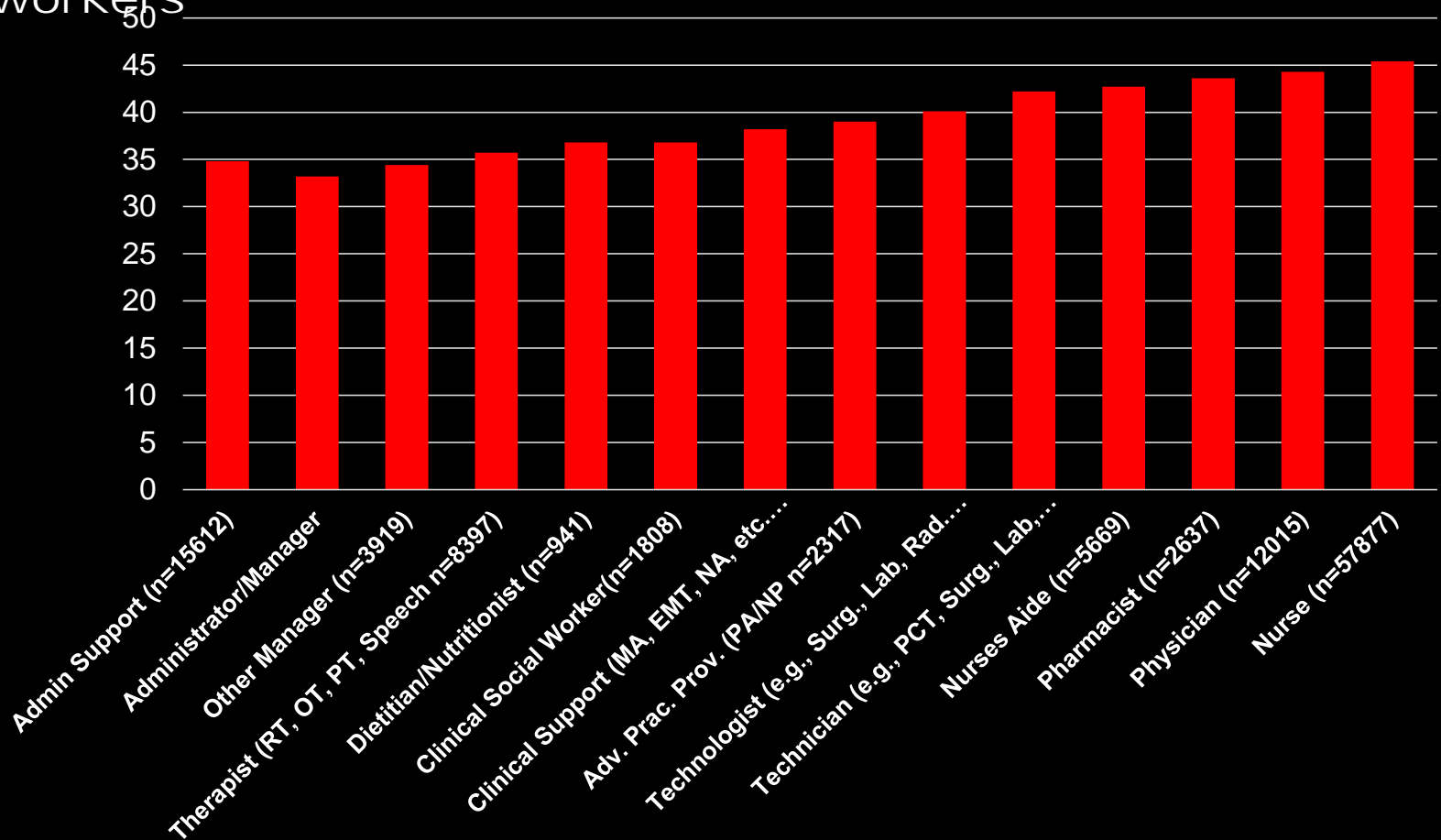


Table 4 | Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

Country	Reported ward to have poor or fair quality of care		Gave ward poor or failing safety grade		Regarded themselves to be burnt out		Dissatisfied with job		Intended to leave their job in the next year		Not confident that patients can manage own care after hospital discharge		Not confident that hospital management would resolve patients' problems	
Belgium	886/3167	28	199/3150	6	730/2938	25	680/3159	22	934/3164	30	1921/3153	61	2518/3134	80
England	540/2899	19	191/2895	7	1138/2699	42	1136/2904	39	1261/2896	44	981/2901	34	1856/2893	64
Finland	141/1099	13	76/1095	7	232/1047	22	300/1114	27	546/1111	49	441/1098	40	890/1094	81
Germany	526/1507	35	94/1506	6	431/1430	30	561/1505	37	539/1498	36	473/1505	31	879/1504	58
Greece	170/361	47	61/358	17	246/315	78	199/358	56	177/358	49	231/358	65	311/356	87
Ireland	152/1389	11	117/1385	8	536/1293	41	581/1383	42	612/1380	44	588/1385	42	872/1381	63
Netherlands	756/2185	35	123/2187	6	211/2061	10	240/2188	11	418/2197	19	889/2195	41	1781/2200	81
Norway	468/3732	13	199/3712	5	823/3501	24	773/3729	21	942/3712	25	2097/3710	57	2739/3698	74
Poland	683/2581	26	463/2579	18	929/2321	40	663/2584	26	1056/2387	44	1890/2571	74	2196/2571	85
Spain	897/2794	32	173/2794	6	1117/2794	40	1117/2794	40	1117/2794	40	1117/2794	40	1117/2794	40
Sweden	2750/10051	27	1117/10035	11	1117/10035	11	1117/10035	11	1117/10035	11	1117/10035	11	1117/10035	11
Switzerland	324/1604	20	71/1606	4	228/1563	15	228/1610	21	447/1623	28	564/1612	35	1216/1612	75
US	4196/26316	16	1628/26772	6	9122/27163	34	6692/26935	25	3767/27232	14	11449/25110	46	15240/26717	57

34% of US Nurses are burned out

Physician Burnout

A Potential Threat to Successful Health Care Reform

Liselotte N. Dyrbye, MD, MHPE

Tait D. Shanafelt, MD

DISCUSSIONS OF BARRIERS TO SUCCESSFUL IMPLEMENTATION of the Patient Protection and Affordable Care Act have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.¹ Many aspects of patient care may be compromised by burnout. Physicians who have burnout are more likely to report making medical errors, score lower on instruments measuring patient care, and are more likely to retire early.

and have been associated with increased medical errors and patient dissatisfaction. Burnout is a state of emotional exhaustion, depersonalization, and reduced personal accomplishment. It is a syndrome that is characterized by a sense of being overwhelmed, loss of control, and a feeling of being stuck. Burnout is a common problem among physicians. Some aspects of health care reform are likely to exacerbate many of these stressors and thus may

such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,⁸ reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.⁹ If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that will exacerbate the challenge physicians have balancing their personal and professional life. Thus, health care

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.

reform that are likely to improve patient care and reduce physician workload and stress. The introduction of a



Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017

Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Christine Sinsky, MD; Mickey Trockel, MD, PhD; Michael Tutty, PhD; Daniel V. Satele, BS; Lindsey E. Carlasare, MBA; and Lotte N. Dyrbye, MD, MHPE

Abstract

Objective: To evaluate the prevalence of burnout and satisfaction with work-life integration among physicians and other US workers in 2017 compared with 2011 and 2014.

Participants and Methods: Between October 12, 2017, and March 15, 2018, we surveyed US physicians and a probability-based sample of the US working population using methods similar to our 2011 and 2014 studies. A secondary survey with intensive follow-up was conducted in a sample of nonresponders to evaluate response bias. Burnout and work-life integration were measured using standard tools.

Results: Of 30,456 physicians who received an invitation to participate, 5197 (17.1%) completed surveys. Among the 476 physicians in the secondary survey of nonresponders, 248 (52.1%) responded. A

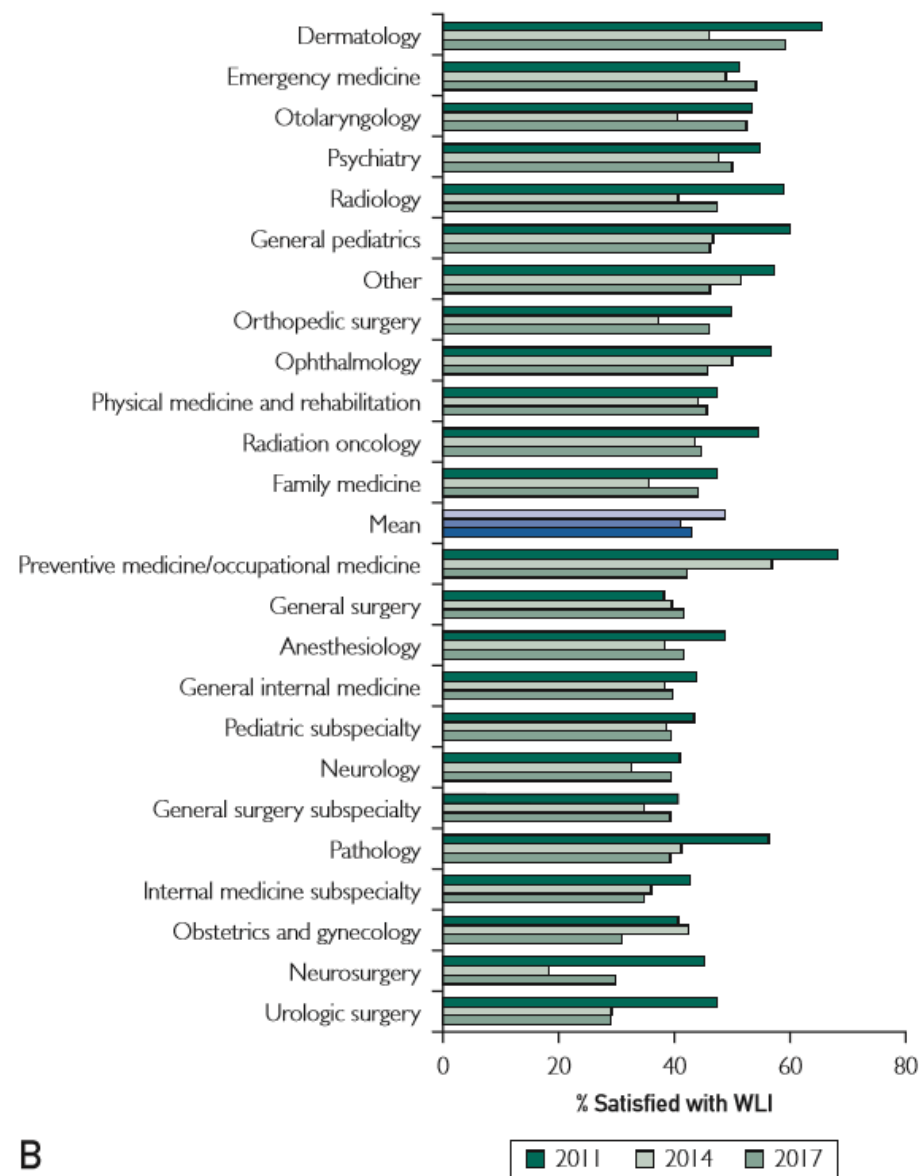
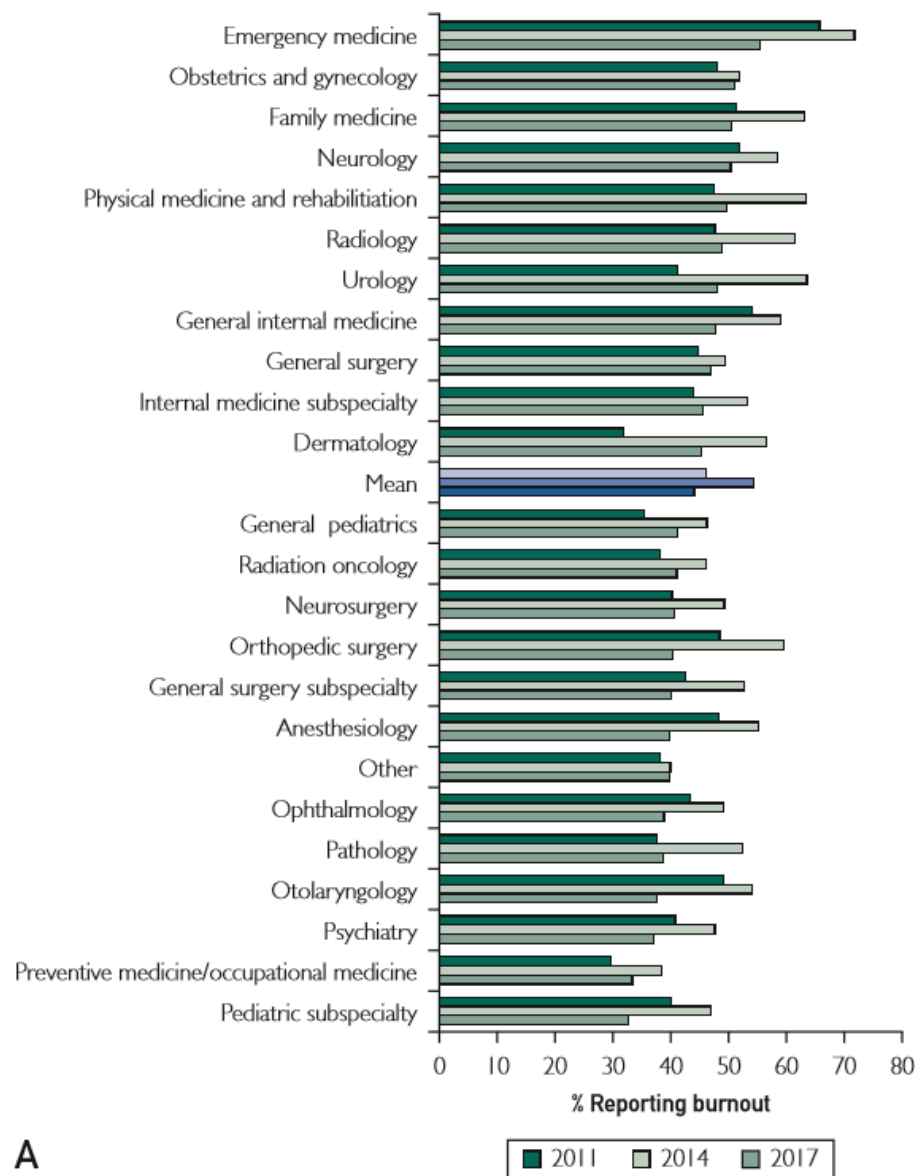
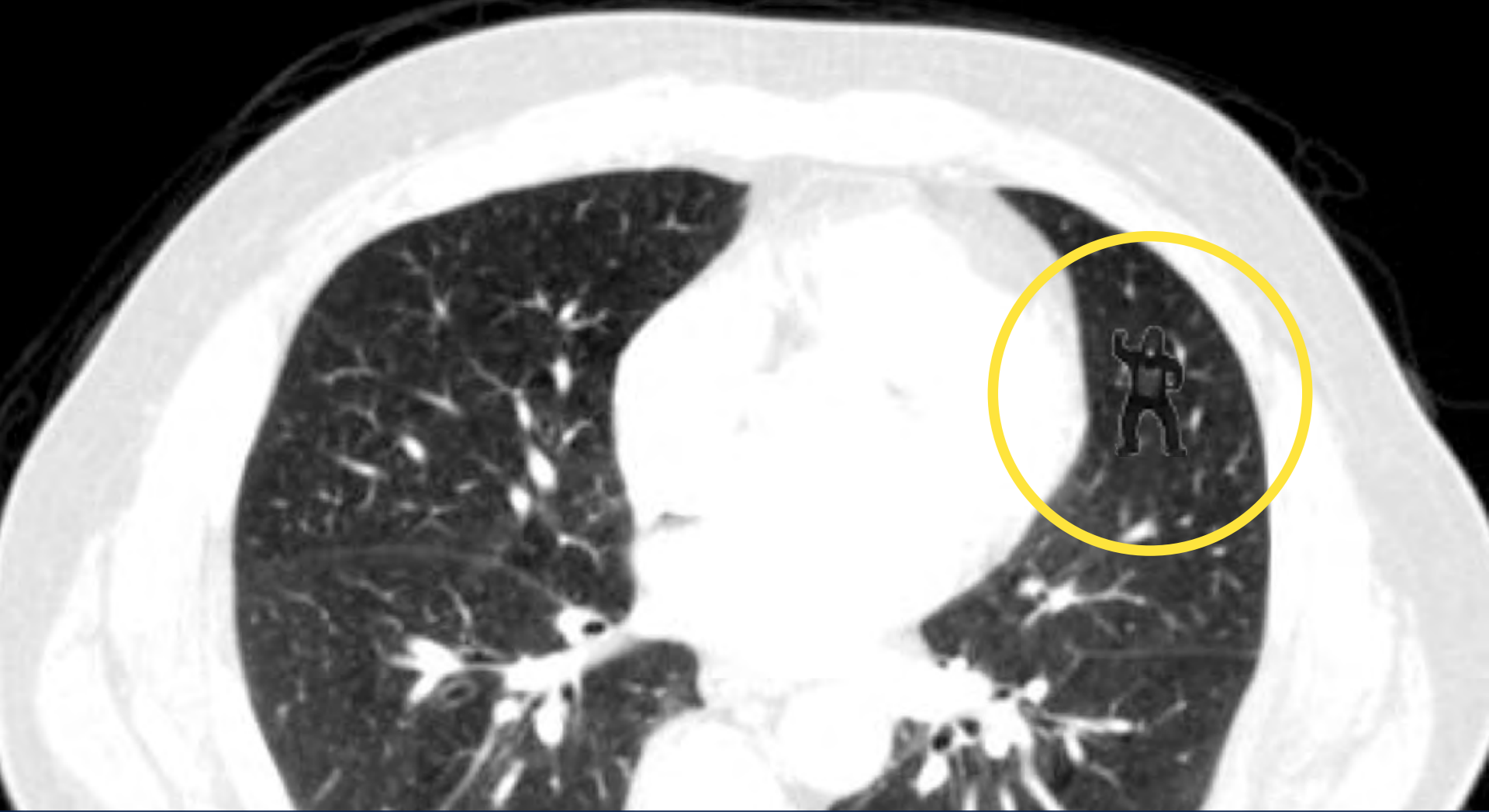


FIGURE 1. Burnout (A) and satisfaction with work-life integration (WLI) (B) by specialty, 2017, 2014, and 2011.



Psychology of Burnout
Your focus and reflections
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

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

Abstract Whether emotional information processing is impaired in burnout is unclear. The aim of this study was to investigate the involvement of the attentional system in the processing of emotional information in burnout 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

accompanied by emotional exhaustion, the hallmark of burnout, defined as fatigue and helplessness; it reflects the worker's experience of unresolvable stress and is considered the entry point into the syndrome; depersonalization characterizes a way of coping with emotional exhaustion by detaching oneself from one's

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



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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**

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Psychological Science

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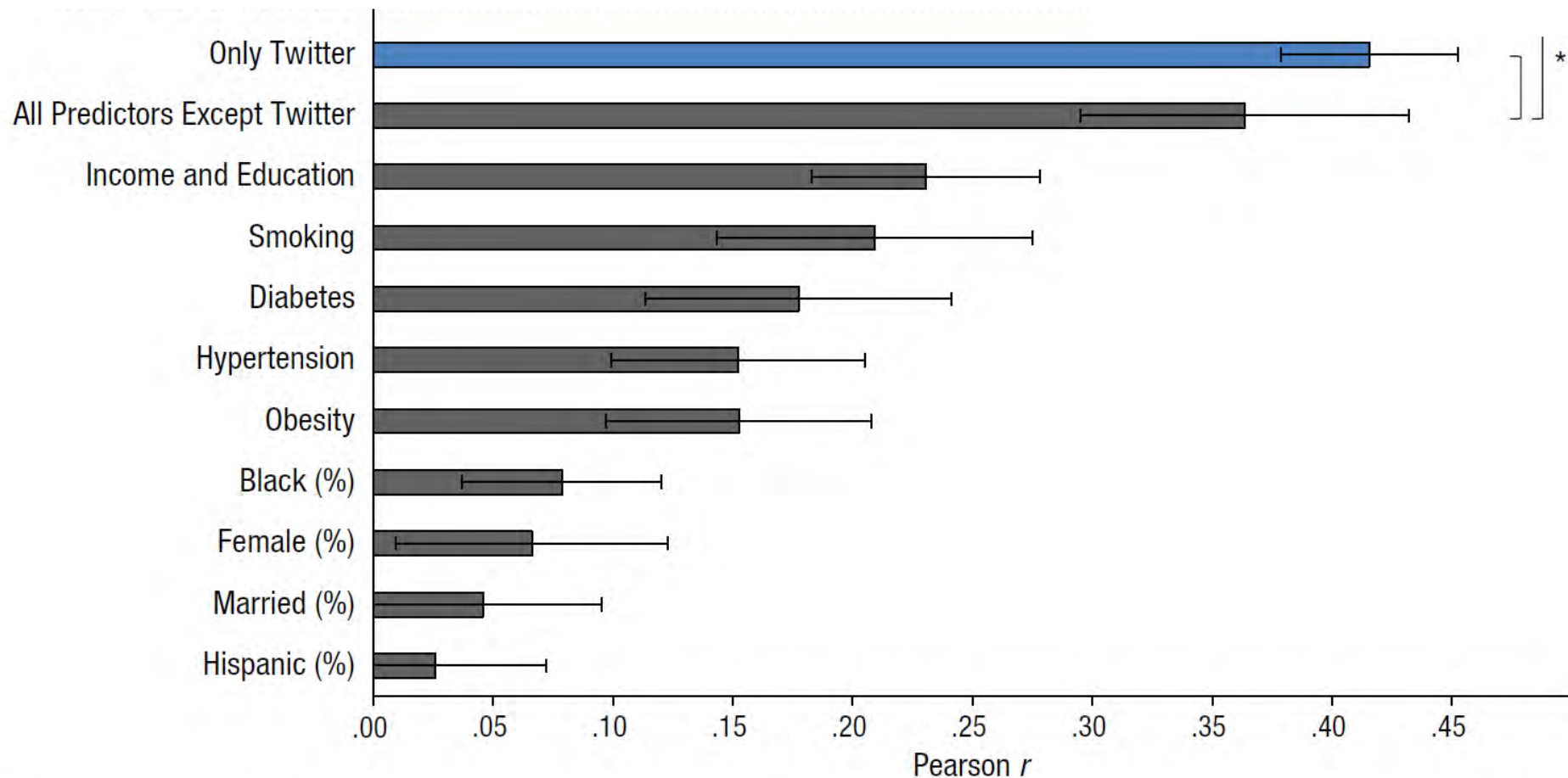


Fig. 2. Performance of models predicting age-adjusted mortality from atherosclerotic heart disease (AHD). For each model, the graph shows the correlation between predicted mortality and actual mortality reported by the Centers for Disease Control and Prevention. Predictions were based on Twitter language, 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 ($*p < .05$).

CDC-Reported AHD Mortality

Twitter-Predicted AHD Mortality

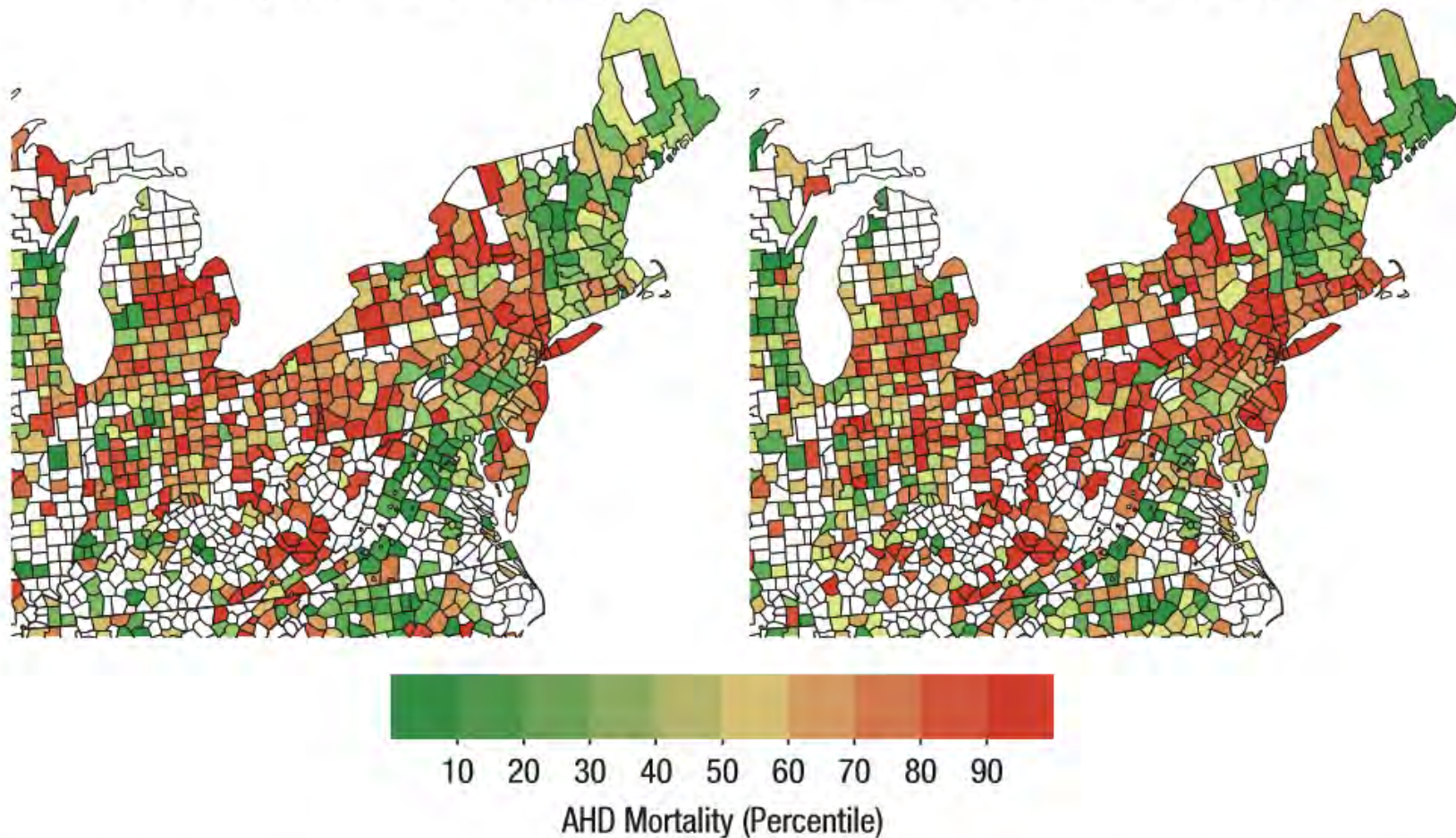


Fig. 3. Map of counties in the northeastern United States showing age-adjusted mortality from atherosclerotic heart disease (AHD) as reported by the Centers for Disease Control and Prevention (CDC; left) and as estimated through the Twitter-language-only prediction model (right). The out-of-sample predictions 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.

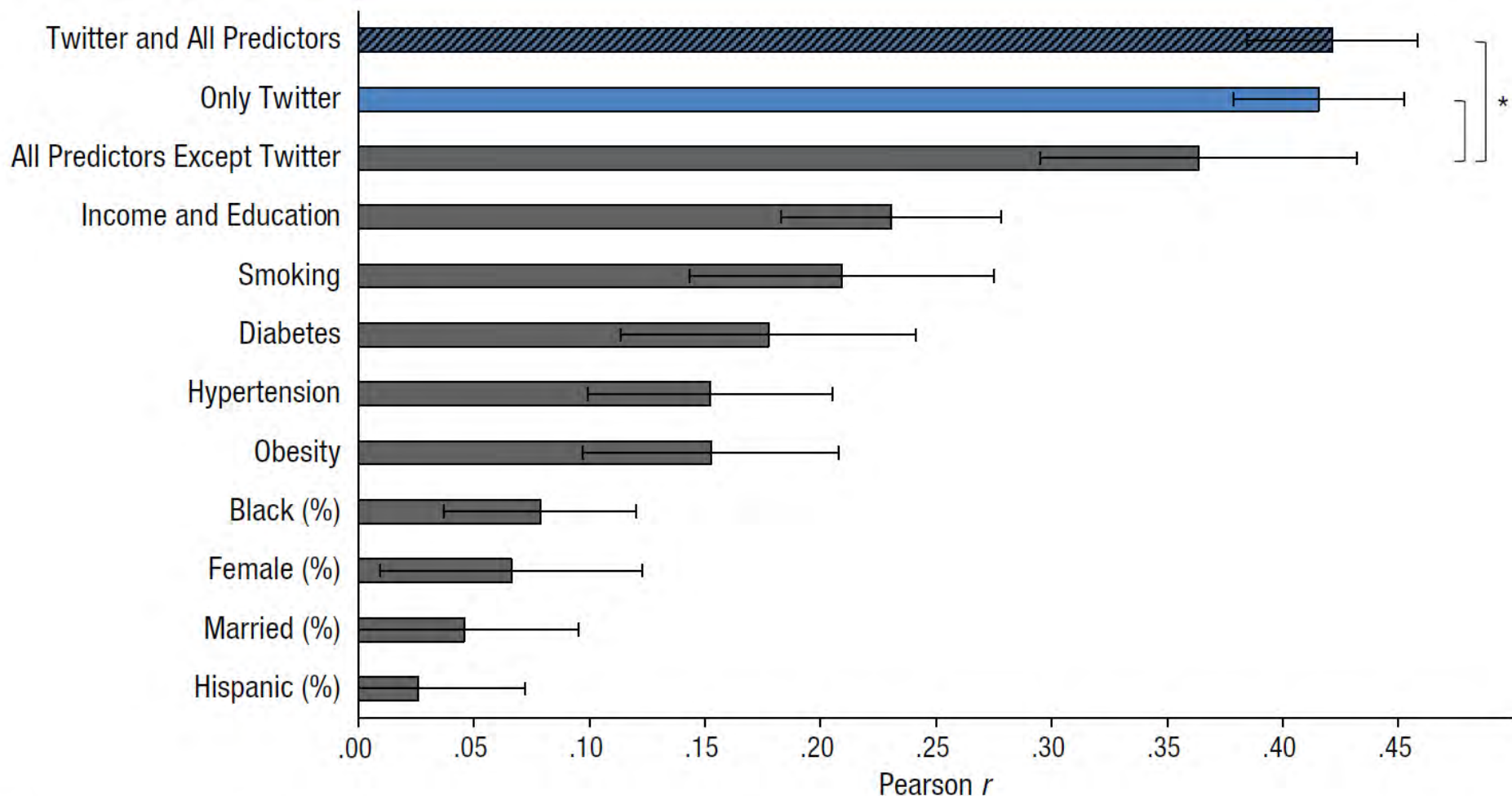


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	Negative Emotion	Positive Emotion
Example	Anger, fear, disgust, sadness	Joy, happiness, love, hope
Message	Something is wrong	Everything is fine
Impulse	Wanting to escape, hide, attack.	Wanting to play, explore, socialise.
Options	Few, narrow options aimed at keeping us safe	A lot of options aimed at letting us grow
Consequence	Narrow a person's options and abilities of how they can deal with a situation.	Broaden a person's options and abilities of how they can deal with a situation.



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The Undoing Effect of Positive Emotions

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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).

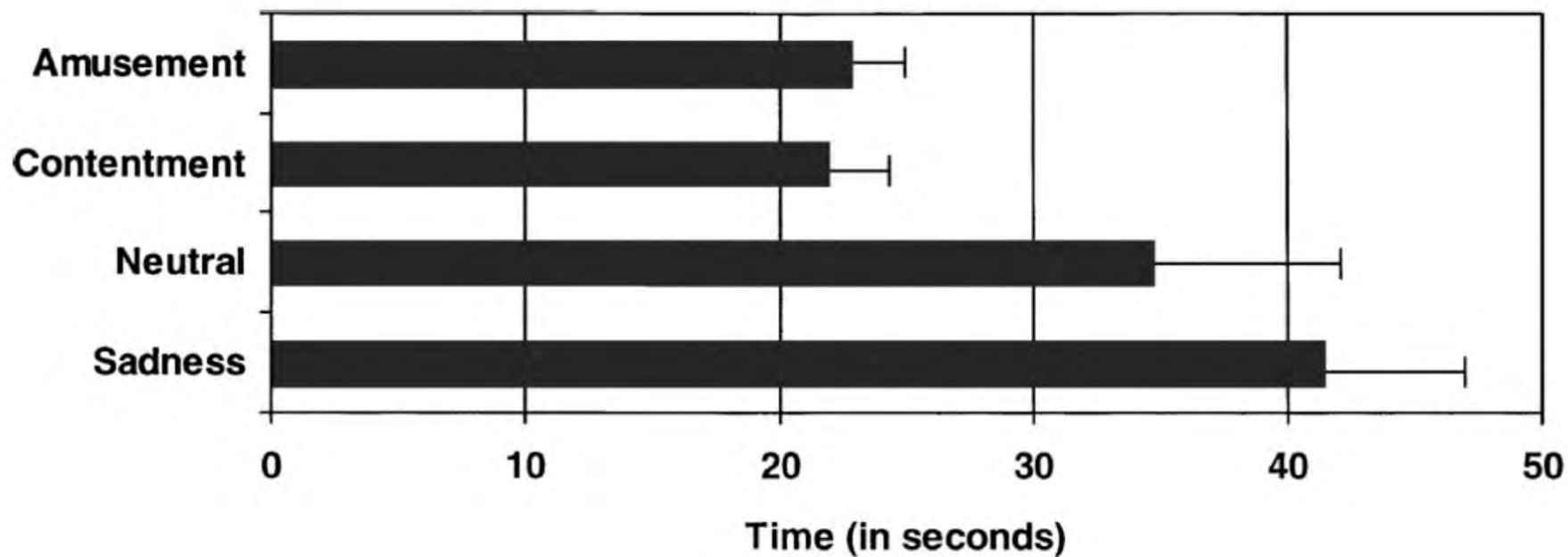


Fig. 1.
Mean duration of cardiovascular reactivity by Film Group in Sample 1 of Study 1. Error bars represent standard errors of the means.



Social Relationships and Mortality Risk: A Meta-analytic Review

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Abstract

Background: The influence of social relationships on health extends not only to mental health but also to both morbidity and mortality.

Objectives: This meta-analysis examined the influence of social relationships on risk for mortality, which is a well-established risk factor.

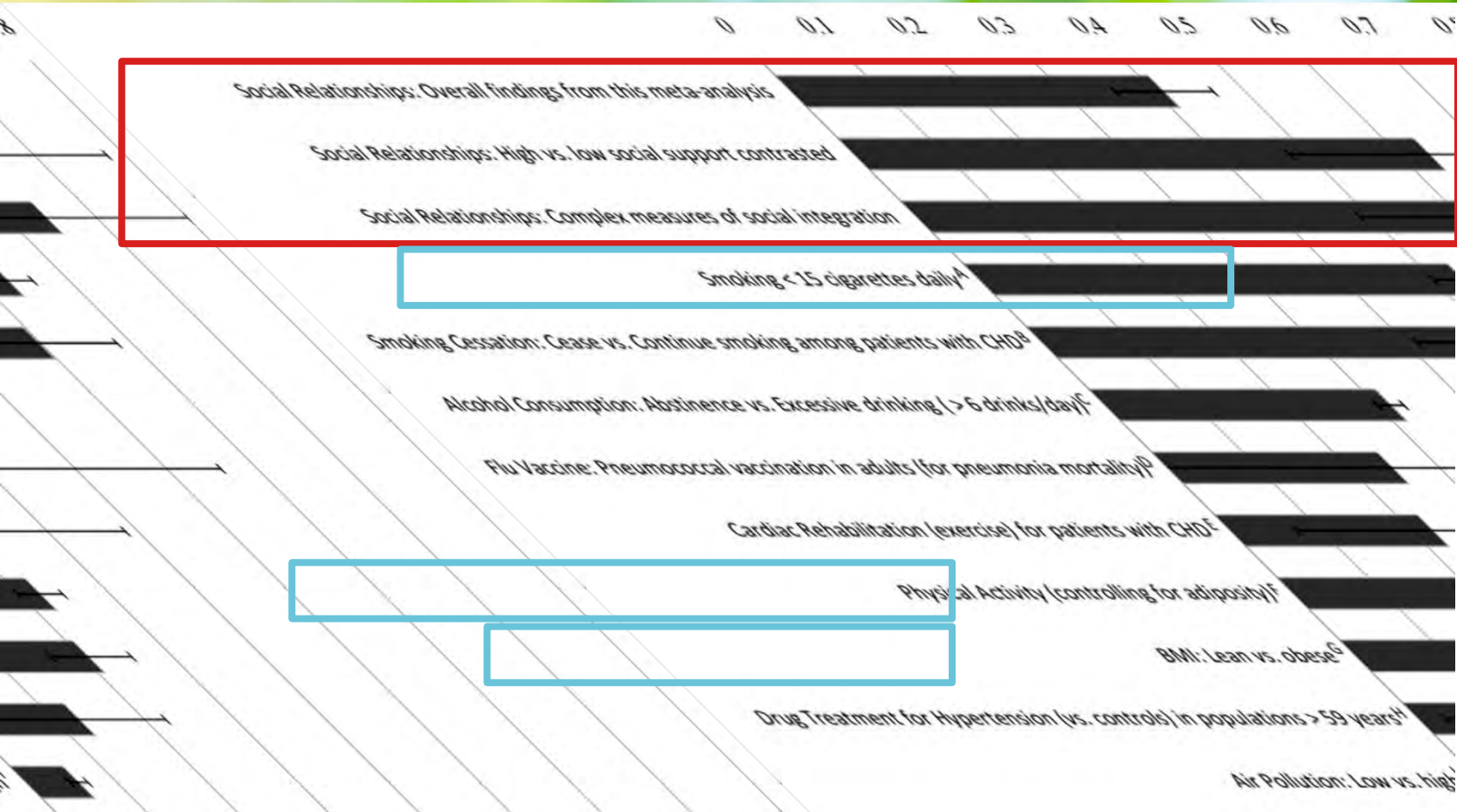
Data Extraction: Data were extracted from 148 studies.

Results: Across 148 studies (8,849 participants), the random effects weighted average effect size was OR = 1.50 (95% CI 1.42 to 1.59), indicating a 50% increased likelihood of survival for participants with stronger social relationships. This finding remained consistent across age, sex, initial health status, cause of death, and follow-up period. Significant differences were found across the type of social measurement evaluated ($p < 0.001$); the association was strongest for complex measures of social integration (OR = 1.91; 95% CI 1.63 to 2.23) and lowest for binary indicators of residential status (living alone versus with others) (OR = 1.19; 95% CI 0.99 to 1.44).

Conclusions: The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality.

50% increased chance of longevity for those with stronger relationships

Meaningful Connections Are a Health Behavior





Active Destructive
Responding

Finding the bad in the
good: where you find the
cloud in the silver lining

Passive Destructive
Responding

Not caring at all about
their news

Passive Constructive
Responding

Not making a big deal
out of it

**Active Constructive
Responding**

**Reacting positively,
being interested and
caring about their
news.**

Active Constructive Responding

Maintain eye contact / smile / touch / laugh

- Don't overdo the praise and positive feedback (it can make people feel uncomfortable/patronized)
- Concentrate on asking questions which encourage the person to talk about their good news/ savor their positive emotions.
- If this type of active and constructive response does not come easily to you try to ask at least three questions.

Counting Blessings Versus Burdens: An Experimental Investigation of Gratitude and Subjective Well-Being in Daily Life

Robert A. Emmons
University of California, Davis

Michael E. McCullough
University of Miami

led to increases in positive affect, as well as reductions in negative affect, mediational analyses showed that gratitude was uniquely responsible for the effect of the intervention on positive affect. In addition, the gratitude intervention improved people's amount of sleep and the quality of that sleep. Furthermore, the effects on well-being were apparent to the participants' spouse or significant other.

several, though not all, of the outcomes across the 3 studies, relative to the comparison groups. The effect on positive affect appeared to be the most robust finding. Results suggest that a conscious focus on blessings may have emotional and interpersonal benefits.

Reflect on your present blessings, on which every man has many, not on your past misfortunes, of which all men have some.

—Charles Dickens (M. Dickens, 1897, p. 45)

been treated as both basic and desirable aspects of human personality and social life. For example, gratitude is a highly prized human disposition in Jewish, Christian, Muslim, Buddhist, and

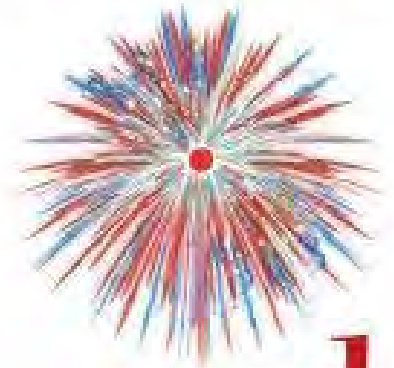


Three Good Things

"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.

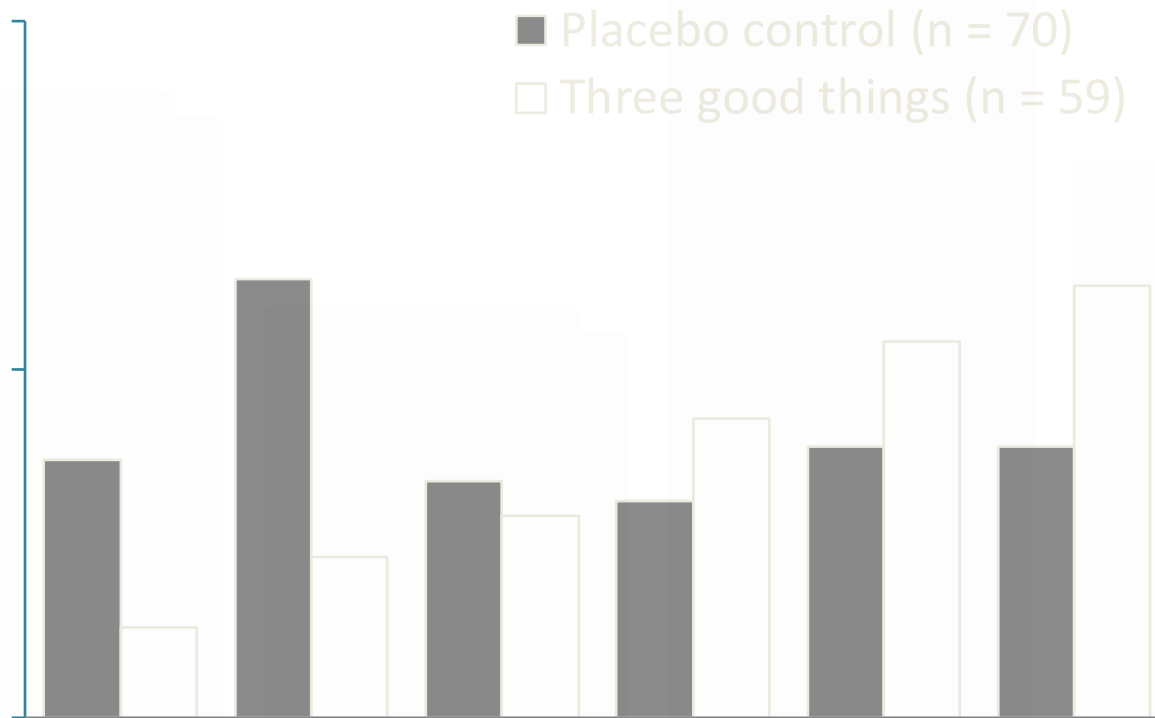
application (Linley & Joseph, 2004). Can psychologists take what they have learned about the science and practice of treating mental illness and use it to create a practice of making people lastingly happier? That is, can they create an evidence-based practice of positive psychology?

In this article, we first review the recent growth within positive psychology. Next, we describe basic research that bears on whether people can become lastingly happier, and then we present the results of our own happiness interventions that we rigorously tested with a randomized, placebo-controlled design.

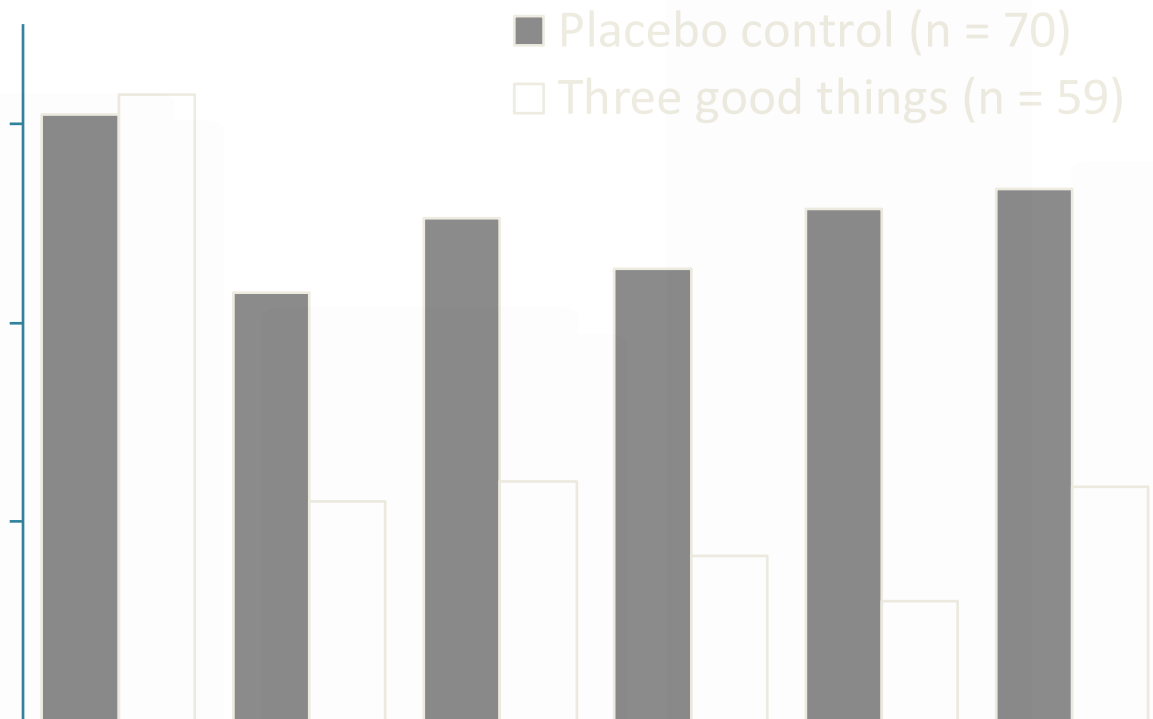
July–August 2005 • American Psychologist

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Three Good Things



Three Good Things



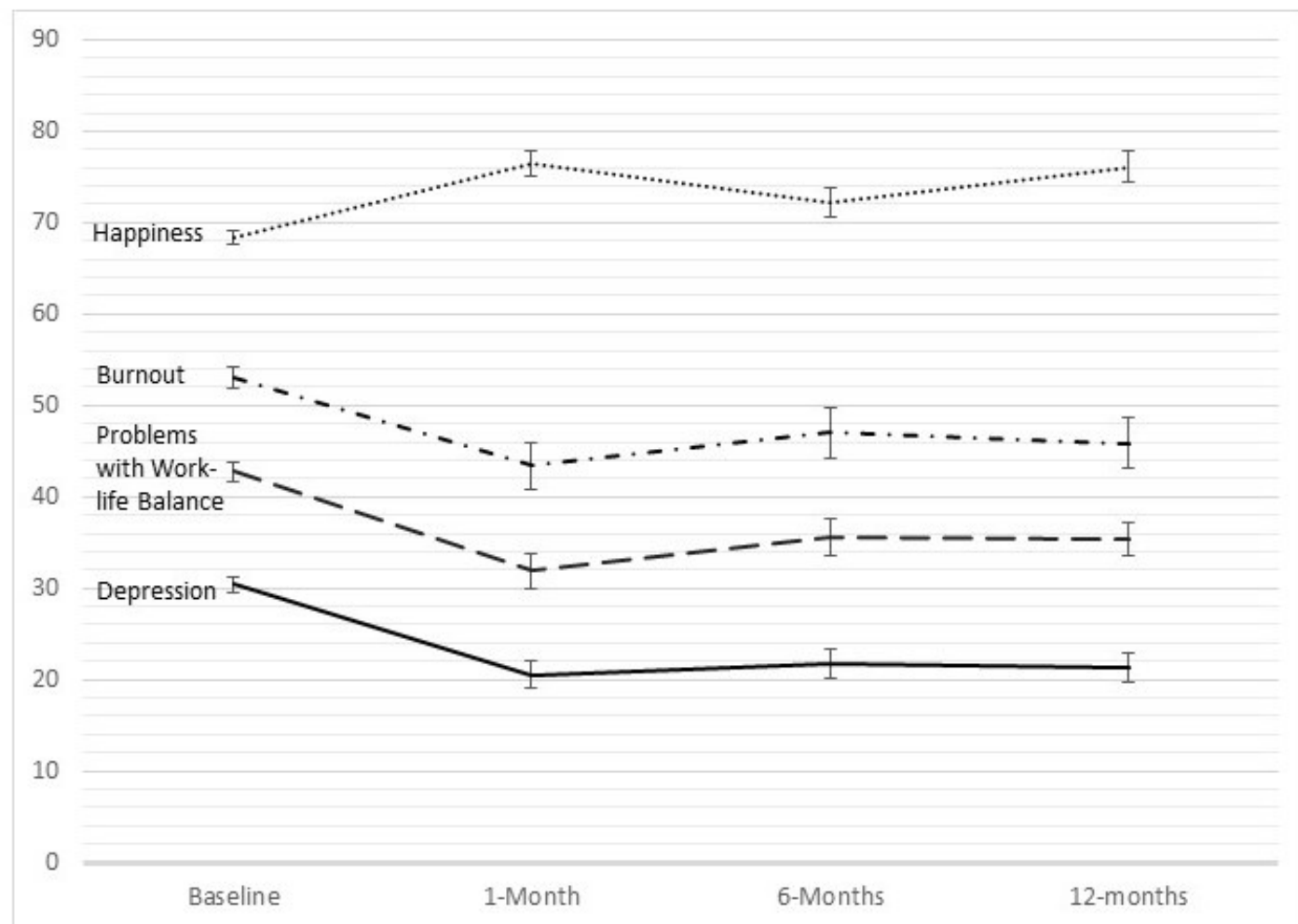
BMJ Open Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare workers

J B

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► Prepublication history and

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3GT i
and 1



[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

0%  100%

www.dukepatientsafetycenter.com

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

Evaluation from Participants of 3GT

- 95.8% said that they would recommend the 3 Good Things exercise to a friend.
- 85.3% said that they have encouraged others to try 3 Good Things.
- 92.7% said they would like to participate in 3 Good Things again next year.



Three Good Things

Wednesday letters

Week 40 (Sat 2011 Nov 26, 2011)

Dear Mr. and Mrs. [Name]

I am so glad to hear from you and that you are all well.

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I can see my computer w/o glasses! (j)

I LOVE MY NEW OFFICE DECORATIONS (j)

MY NEW PICTURE IS STILL ON THE WALL AT HOME! (j)

MY Reliable vehicle! Hopefully a low estimate!

I Love my retirement

I am going to NC to see my Parents this coming weekend!! (j)!

Pl safety conference re-emergence

I love my Teachers!

Family
Dinners
outside
with great
food-soft
breezes
& lots of
laughter (j)

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!! NEW SLEEP NUMBER BEDS!

I LOVE MY HAIR!

I LOVE D's HAIR!

Mike's haircut looks great!

I'm thankful for volunteers Adrienne + Michael + Yeheshtia

The happy Song!

My BOSS!

25¢ refills

3-DAY WEEKENDS!!

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

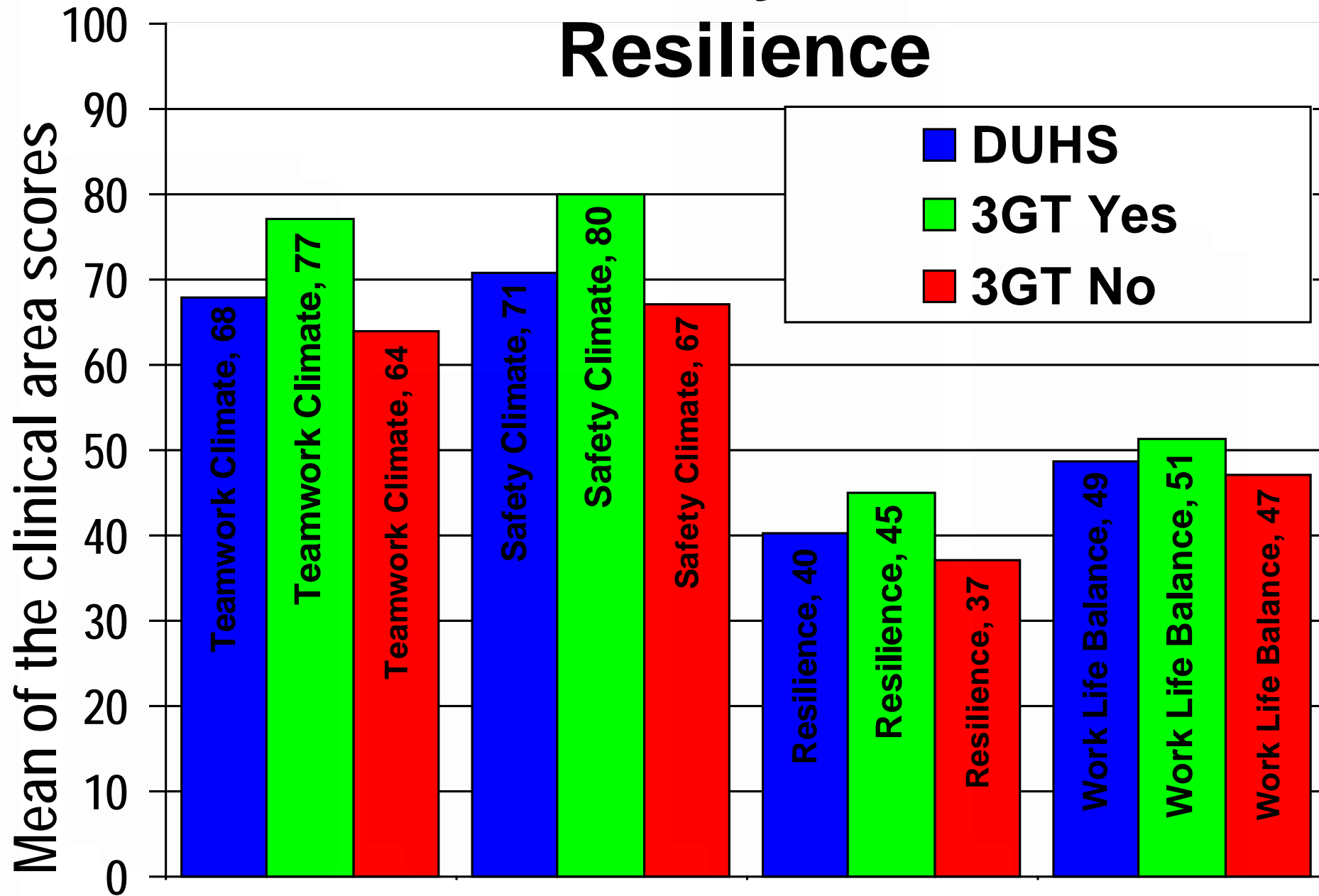
WORKING WITH MINIMAL INTERRUPTIONS

I made it out of bed

*Family & weddings! + video of a Gator Fan
(j) doing the fight song in a FSA tee shirt

Flower Boxes built by wonderful husbands who also buy flowers
to go in them! (j)

DUHS Safety Culture & Resilience



Effect Sizes

	Baseline to 1-Mo Follow-up	Baseline to 6-Mo Follow-up
Burnout	.25	.34
concerning threshold sub-group	.61	.68
Depression	.41	.52
concerning threshold sub-group	1.57	1.38

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

3GT On Demand (start anytime)

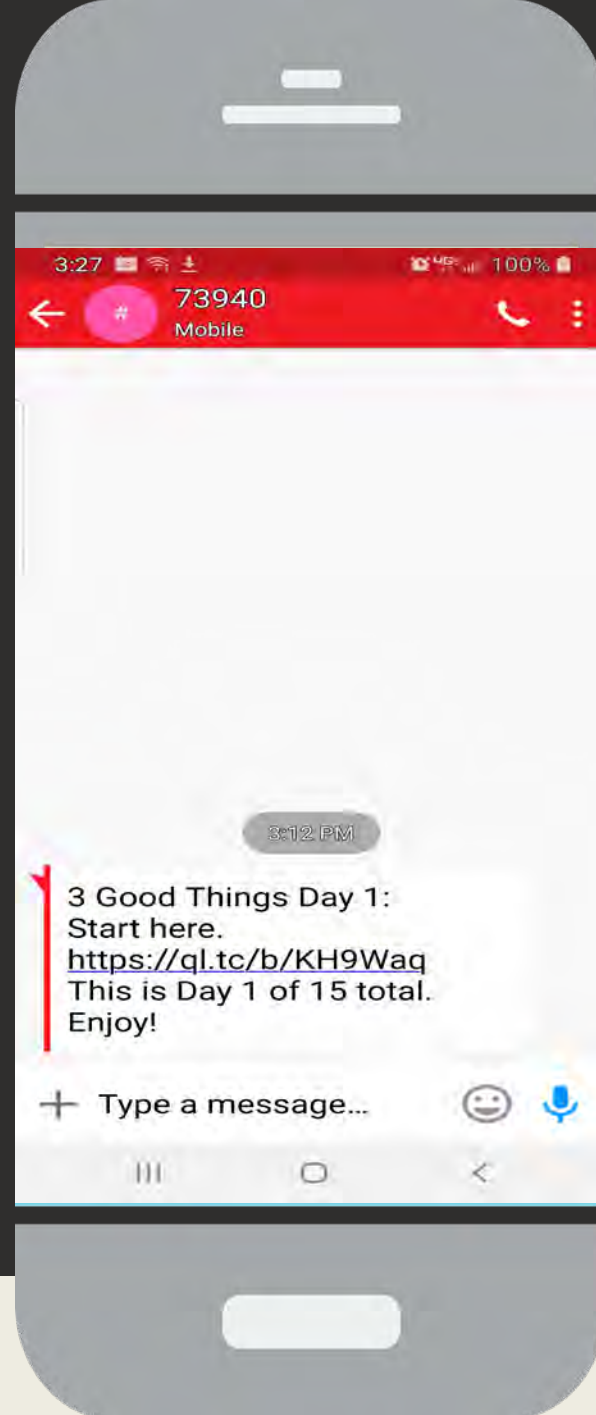
Choose Email or Text Formats

**Share with your colleagues
(bit.ly/start3gt)**

Please use your mobile browser to go to:

bit.ly/start3gt





Traditional Patient Safety Rounding Frame:

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

Positive Leader Rounds

- Did 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.)?:

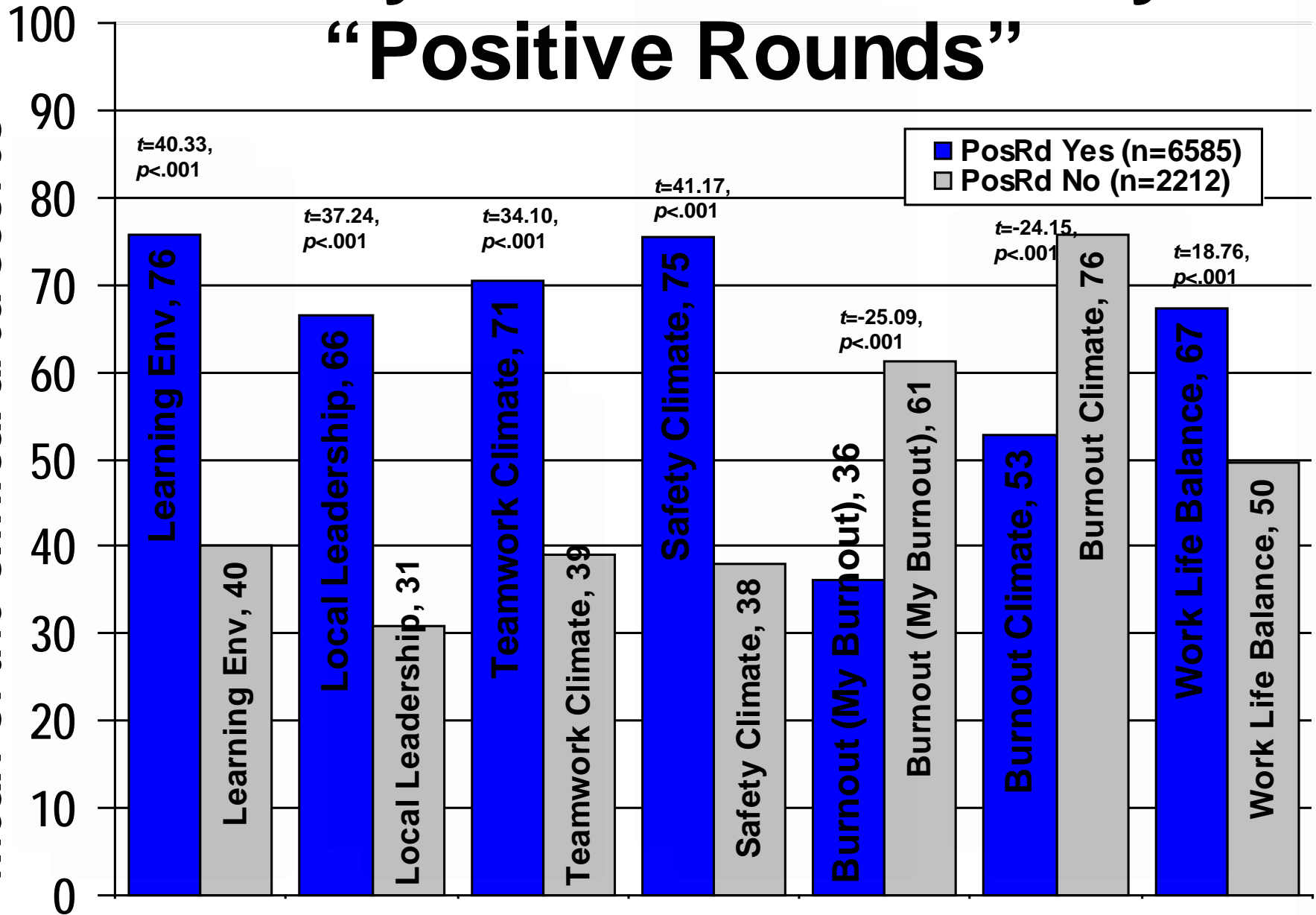
Yes / No / Not Sure

Positive Rounding Frame:

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

Safety Culture Domains by “Positive Rounds”

Mean of the clinical area scores



Resources at DUHS

	Positive WR ExpM(6573)/ UnexpM(2197)	Safety WR ExpM(3697)/ UnexpM(2965)	Safe Choices ExpM(2906) /UnexpM(3243)	Schwartz Rnds ExpM(956)/ UnexpM(2767)	Upheaval Sprrt ExpM(2336)/ UnexpM(1669)
Improvement Readiness	82.75/60.39 t=40.33,p<.001	85.94/64.99 t=36.83,p<.001	79.04/73.95 t=8.15,p<.001	77.36/72.50 t=5.15,p<.001	84.39/67.90 t=21.14,p<.001
Local Leadership	77.35/52.45 t=37.24,p<.001	80.86/57.44 t=34.66,p<.001	72.19/67.53 t=6.22,p<.001	70.78/66.50 t=3.89,p<.001	78.58/61.76 t=18.19,p<.001
Teamwork Climate	71.33/55.28 t=31.46,p<.001	72.73/59.03 t=26.38,p<.001	66.91/66.08 t=1.49,p=.137	67.39/65.40 t=2.40,p=.016	72.23/59.24 t=18.73,p<.001
Safety Climate	79.27/58.65 t=42.82,p<.001	82.12/62.57 t=39.62,p<.001	75.08/71.72 t=6.04,p<.001	73.79/70.47 t=4.03,p<.001	80.93/64.54 t=23.97,p<.001
Personal Burnout	35.73/53.91 t=-25.09,p<.001	32.58/51.19 t=-25.68,p<.001	40.22/42.25 t=-2.60,p<.01	41.98/44.92 t=-2.54,p<.011	35.05/48.40 t=-13.46,p<.001
Work-Life Climate	1.86/2.17 t=-18.76,p<.001	1.81/2.13 t=-18.63,p<.001	1.90/2.01 t=-5.53,p<.001	2.07/1.97 t=3.52,p<.001	1.92/2.04 t=-5.17,p<.001
Positive Reflection Climate	80.73/56.62 t=41.45,p<.001	84.17/61.47 t=38.44,p<.001	76.52/70.92 t=8.49,p<.001	74.41/69.89 t=4.58,p<.001	82.02/64.92 t=20.80,p<.001



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

Factoring out positive reflections

	Positive WR ExpM(6573)/ UnexpM(2197)	Safety WR ExpM(3697)/ UnexpM(2965)	Safe Choices ExpM(2906) /UnexpM(3243)	Schwartz Rnds ExpM(956)/ UnexpM(2767)	Upheaval Sprt ExpM(2336)/ UnexpM(1669)
Positive Reflection Climate	80.73/56.62 t=41.45,p<.001	84.17/61.47 t=38.44,p<.001	76.52/70.92 t=8.49,p<.001	74.41/69.89 t=4.58,p<.001	82.02/64.92 t=20.80,p<.001

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

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

- Cultivate positive emotions: bit.ly/start3gt
- Cultivate humor: bit.ly/start3ft
- Cultivate gratitude: bit.ly/grattool
- Cultivate interest: bit.ly/inttool
- Cultivate awe: bit.ly/awetool
- Cultivate hope: bit.ly/fwdtool
- Mindfulness: bit.ly/3goodminutes
- Enroll in WISER: bit.ly/3wiser
- Cultivate relationships: bit.ly/1goodchat

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



Resources

Links at the end!

- 3 Good Things: bit.ly/start3gt 
- 2 day Resilience Retreat in Jan May & Nov
- 1 day Resilience Essentials Jan/April/Sept



In person courses in Durham

Monthly Resilience Webinar series:

- 1 hr continuing ed credit (MD/RN/Other)
- Recorded, with Q&A
- 1 unique resilience tool each month

www.hsq.dukehealth.org

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-1 hr cont ed credit (MD/RN/Other)

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- **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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What facility/organization are you requesting this info for?

Anything else you'd like us to know?

submit >>

Autobiography In Five Short Chapters by Portia Nelson

I

I walk down the street.
There is a deep hole in the sidewalk
I fall in.
I am lost ... I am helpless.
It isn't my fault.
It takes me forever to find a way out.

II

I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
but, it isn't my fault.
It still takes a long time to get out.

III

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit.
my eyes are open
I know where I am.
It is my fault.
I get out immediately.

IV

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

V

I walk down another street.

bit.ly/start3gt

bit.ly/inttool

bit.ly/grattool

bit.ly/awetool

bit.ly/kindtext

bit.ly/3goodminutes

bit.ly/fwdtool

bit.ly/start3ft