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:
  – Cultivate Hope: bit.ly/fwdtool
  – 3 Funny Things: bit.ly/start3ft
  – Cultivate Confidants: bit.ly/1goodchat
  – Cultivate Awe and Wonder: bit.ly/awetool
  – Cultivate Mindfulness: bit.ly/3goodminutes
  – Cultivate Interest & Curiosity: bit.ly/inttool
  – 3 Good Things: bit.ly/start3gt
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.
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)

<table>
<thead>
<tr>
<th>Score domain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improvement readiness</td>
<td>0.92, 0.16</td>
<td></td>
<td></td>
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<tr>
<td>2. Local leadership</td>
<td>0.74</td>
<td>0.94, 0.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Teamwork climate</td>
<td>0.67</td>
<td>0.57</td>
<td>0.82, 0.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Safety climate</td>
<td>0.80</td>
<td>0.75</td>
<td>0.73</td>
<td>0.87, 0.17</td>
<td></td>
<td></td>
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<tr>
<td>5. Personal burnout</td>
<td>-0.619</td>
<td>-0.59</td>
<td>-0.58</td>
<td>-0.64</td>
<td>0.92, 0.15</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Burnout climate</td>
<td>-0.62</td>
<td>-0.55</td>
<td>-0.67</td>
<td>-0.67</td>
<td>0.80</td>
<td>0.90, 0.26</td>
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<td></td>
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<tr>
<td>7. Advancement</td>
<td>0.39</td>
<td>0.35</td>
<td>0.34</td>
<td>0.40</td>
<td>-0.28</td>
<td>-0.27</td>
<td>0.89, 0.14</td>
<td></td>
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<td></td>
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<tr>
<td>8. Growth opportunities</td>
<td>0.70</td>
<td>0.62</td>
<td>0.58</td>
<td>0.71</td>
<td>-0.56</td>
<td>-0.27</td>
<td>0.49</td>
<td>0.92, 0.10</td>
<td></td>
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<tr>
<td>9. Job uncertainty</td>
<td>-0.29</td>
<td>-0.30</td>
<td>-0.19</td>
<td>-0.27</td>
<td>0.33</td>
<td>0.29</td>
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<tr>
<td>10. Participation in</td>
<td>0.70</td>
<td>0.67</td>
<td>0.56</td>
<td>0.75</td>
<td>-0.61</td>
<td>-0.60</td>
<td></td>
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<tr>
<td>decision-making</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11. Work-life climate</td>
<td>0.33</td>
<td>0.28</td>
<td>0.35</td>
<td>0.38</td>
<td>-0.51</td>
<td>-0.53</td>
<td>0.69</td>
<td>0.23</td>
<td>0.23</td>
<td>0.34</td>
<td>0.54</td>
<td>0.82, 0.11</td>
</tr>
<tr>
<td>12. Workload</td>
<td>-0.24</td>
<td>-0.26</td>
<td>-0.28</td>
<td>-0.27</td>
<td>0.56</td>
<td>0.53</td>
<td>-0.04</td>
<td>-0.20</td>
<td>-0.27</td>
<td>-0.50</td>
<td>0.84, 0.12</td>
<td></td>
</tr>
</tbody>
</table>

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:

- **Higher Standardized Mortality Ratios**
  Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.

- **Infections**

- **Medication Errors**

- **Lower Patient Satisfaction**
Emotional exhaustion and workload predict clinician-rated and objective patient safety

Annalena Welp¹ *, Laurenz L. Meier² and Tanja Manser³

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² Department of Psychology, University of Fribourg, Fribourg, Switzerland
³ Institute of Patient Safety, University Hospital Bonn, Bonn, Germany

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

200,999 HCW (40.6%)
Burnout Scores by Role (SCORE results) over 200,000 healthcare workers

% emotional exhaustion

- Admin Support (n=15612)
- Administrator/Manager (n=33919)
- Other, Manager (n=39377)
- Dietitian/Nutritionist (n=941)
- Clinical Social Worker (n=1808)
- Technologist (e.g., Surg. Lab., Rad., ...
- Technician (e.g., PCT, Surg., Lab., ...
- Nurses Aide (n=5669)
- Pharmacist (n=2637)
- Physician (n=12015)
- Nurse (n=57877)
34% of US Nurses are burned out

<table>
<thead>
<tr>
<th>Country</th>
<th>Reported ward to have poor or fair quality of care</th>
<th>Gave ward poor or failing safety grade</th>
<th>Regarded themselves to be burnt out</th>
<th>Dissatisfied with job</th>
<th>Intended to leave their job in the next year</th>
<th>Not confident that patients can manage own care after hospital discharge</th>
<th>Not confident that hospital management would resolve patients’ problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>886/3167</td>
<td>28</td>
<td>6</td>
<td>730/2938</td>
<td>25</td>
<td>680/3159</td>
<td>22</td>
</tr>
<tr>
<td>England</td>
<td>540/2899</td>
<td>19</td>
<td>7</td>
<td>1138/2699</td>
<td>42</td>
<td>1136/2904</td>
<td>39</td>
</tr>
<tr>
<td>Finland</td>
<td>141/1099</td>
<td>13</td>
<td>7</td>
<td>232/1047</td>
<td>22</td>
<td>300/1114</td>
<td>27</td>
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<tr>
<td>Germany</td>
<td>526/1507</td>
<td>35</td>
<td>9</td>
<td>431/1430</td>
<td>30</td>
<td>561/1505</td>
<td>37</td>
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<tr>
<td>Greece</td>
<td>170/361</td>
<td>47</td>
<td>1</td>
<td>246/315</td>
<td>78</td>
<td>199/358</td>
<td>56</td>
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<tr>
<td>Ireland</td>
<td>152/1389</td>
<td>11</td>
<td>8</td>
<td>536/1293</td>
<td>41</td>
<td>581/1383</td>
<td>42</td>
</tr>
<tr>
<td>Netherlands</td>
<td>756/2185</td>
<td>35</td>
<td>6</td>
<td>211/2061</td>
<td>10</td>
<td>240/2188</td>
<td>11</td>
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<tr>
<td>Norway</td>
<td>468/3732</td>
<td>13</td>
<td>5</td>
<td>823/3501</td>
<td>24</td>
<td>773/3729</td>
<td>21</td>
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<tr>
<td>Poland</td>
<td>683/2581</td>
<td>26</td>
<td>18</td>
<td>463/2579</td>
<td>40</td>
<td>663/2584</td>
<td>26</td>
</tr>
<tr>
<td>Spain</td>
<td>897/2794</td>
<td>32</td>
<td>17</td>
<td>173/272</td>
<td>32</td>
<td>586/1610</td>
<td>21</td>
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<tr>
<td>Sweden</td>
<td>2750/1051</td>
<td>27</td>
<td>051</td>
<td>1117/153</td>
<td>27</td>
<td>163/035</td>
<td>013</td>
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<tr>
<td>Switzerland</td>
<td>324/1604</td>
<td>20</td>
<td>4</td>
<td>228/1563</td>
<td>15</td>
<td>48/2660</td>
<td>21</td>
</tr>
<tr>
<td>US</td>
<td>4196/26</td>
<td>16</td>
<td>6</td>
<td>1628/26</td>
<td>25</td>
<td>692/26</td>
<td>32</td>
</tr>
</tbody>
</table>
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.

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.
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
Analogy:

• Noticing something about the world
• Commenting on it briefly through your mobile phone
• Seeing what other people commented on
Psychological Language on Twitter Predicts County-Level Heart Disease Mortality

Johannes C. Eichstaedt¹, Hansen Andrew Schwartz¹², Margaret L. Kern¹, Gregory Park¹, Darwin R. Labarthe⁴, Raina M. Merchant⁵, Sneha Jha², Megha Agrawal², Lukasz A. Dziurzynski¹, Maarten Sap¹, Christopher Weeg¹, Emily E. Larson¹, Lyle H. Ungar¹,², 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
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).
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.
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).
<table>
<thead>
<tr>
<th></th>
<th>Negative Emotion</th>
<th>Positive Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>Anger, fear, disgust, sadness</td>
<td>Joy, happiness, love, hope</td>
</tr>
<tr>
<td><strong>Message</strong></td>
<td>Something is wrong</td>
<td>Everything is fine</td>
</tr>
<tr>
<td><strong>Impulse</strong></td>
<td>Wanting to escape, hide, attack.</td>
<td>Wanting to play, explore, socialise.</td>
</tr>
<tr>
<td><strong>Options</strong></td>
<td>Few, narrow options aimed at keeping us safe</td>
<td>A lot of options aimed at letting us grow</td>
</tr>
<tr>
<td><strong>Consequence</strong></td>
<td>Narrow a person's options and abilities of how they can deal with a situation.</td>
<td>Broaden a person's options and abilities of how they can deal with a situation.</td>
</tr>
</tbody>
</table>
The Undoing Effect of Positive Emotions

Barbara L. Fredrickson\textsuperscript{1,3}, Roberta A. Mancuso\textsuperscript{2}, Christine Branigan\textsuperscript{2}, and Michele M. Tugade\textsuperscript{2}

\textsuperscript{1}Department of Psychology, Women’s Studies Program, and Research Center for Group Dynamics, University of Michigan, Michigan

\textsuperscript{2}Department 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).
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

Julianne Holt-Lunstad¹⁹*, Timothy B. Smith²⁹, J. Bradley Layton³

1 Department of Psychology, Brigham Young University, Provo, Utah, United States of America, 2 Department of Counseling Psychology, Brigham Young University, Provo, Utah, United States of America, 3 Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States of America

Abstract

Background: The increasing recognition of the impact of social relationships on health has led to a rapid growth in research on social relationships and mortality. This review aims to provide an updated and comprehensive summary of the research on social relationships and mortality, focusing on the relationship between social relationships and mortality risk.

Objectives: This review seeks to meta-analyze the existing research to determine the magnitude of the association between social relationships and mortality, and to identify potential mediators and moderators of this relationship.

Data Extraction: Data were extracted from a systematic review of the literature. The search strategy included PubMed, PsycINFO, and Embase. Studies were included if they reported the association between social relationships and mortality, which was measured in various ways, such as total mortality, cardiovascular disease mortality, and cancer mortality.

Results: Across 148 studies (168,849 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.
Meaningful Connections Are a Health Behavior
<table>
<thead>
<tr>
<th>Active Destructive Responding</th>
<th>Finding the bad in the good: where you find the cloud in the silver lining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Destructive Responding</td>
<td>Not caring at all about their news</td>
</tr>
<tr>
<td>Passive Constructive Responding</td>
<td>Not making a big deal out of it</td>
</tr>
<tr>
<td><strong>Active Constructive Responding</strong></td>
<td><strong>Reacting positively, being interested and caring about their news.</strong></td>
</tr>
</tbody>
</table>
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.
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 outcome measures 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.
Three Good Things

Flourish
Martin E. P. Seligman

“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

BESTSELLING AUTHOR OF AUTHENTIC HAPPINESS
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 to relieve suffering and may someday be the practical lega 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.
Three Good Things

- Placebo control (n = 70)
- Three good things (n = 59)

Seligman, Steen, Park & Peterson, 2005
Three Good Things

Seligman, Steen, Park & Peterson, 2005
Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare workers


Prepublication history and doi provided (forthcoming).
| 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 |

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics
<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>Good Thing #2</th>
<th>Good Thing #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to give positive reference for Big Brothers/Big Sisters</td>
<td>Healthy niece per ultrasound</td>
<td>Spoke with my cousin</td>
</tr>
<tr>
<td>A coworker helped me by giving a TB test to another employee, when I was not able to do it.</td>
<td>My dad's Dr. appt went well today.</td>
<td>I watched a new TV show which really made me laugh!</td>
</tr>
<tr>
<td>A delicious dinner out</td>
<td>Meeting new people</td>
<td>Exploring a new city</td>
</tr>
<tr>
<td>another gorgeous fall day and I thought ahead to take vacation!</td>
<td>Got the car cleaned after I made it a point to get it done.</td>
<td>Baseball playoffs start....Watched the Wild Card games on TV. Go Tigers!</td>
</tr>
<tr>
<td>Beautiful drive, loving the beginnings of fall color</td>
<td>Haircut,</td>
<td>Daughters working together on project,</td>
</tr>
<tr>
<td>Bought hubby great jeans for half price. As a surprise.</td>
<td>Meditated 20 minutes this A.M.</td>
<td>Had quiet peaceful dinner and evening alone.</td>
</tr>
<tr>
<td>Complimented on use of bulletin board. My role: Posting quotes and funny sayings to make people think.</td>
<td>Enjoyed company of friends. My role: not being too tired to meet them.</td>
<td>Asked to assist someone and help them out of their shell. My role: Setting a good example, I was told</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Excited to work with a client in a new area.</td>
<td>Had fun teaching my class. Role: approached...</td>
<td>Helped someone out by providing...</td>
</tr>
</tbody>
</table>
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

I can see my computer & glasses! 😊
I love my New Office Decorations! 😍
My new picture is still on the wall at home! 😊
My Reliable Vehicle! Hopefully a lot.

I love my retirement

I'm going to FL to see my parents this coming weekend!! 😊

Family Dinners Outside with great food, soft breezes & lots of laughter 😊

MY SON IS HOME FROM AFGANISTAN!!

Friends daughter's surgery went well! 😊

I came to work today 😊 makes me happy

It's potato chip day! in cafe!

Blueberry Drive is now dry!!

I love my hair!

I love D's hair!

Mike's haircut looks great!

I'm thankful for volunteers Adrienne & Michael 🦋️

Hump Day

NEW SLEEP NUMBER BEDS!

The Happy Song:

My Boss!

25% retail

3-Day Weekends!!

Working with minimal interruptions 😊

I made it out of bed

Family & Weddings! & Video of a Gator Fan 😌

Doing the Fight Song in a FSA t-shirt 😊

Flower Boxes built by wonderful husbands who also buy flowers 😊
DUHS Safety Culture & Resilience

Mean of the clinical area scores

- Teamwork Climate: 68 (DUHS), 64 (3GT Yes), 77 (3GT No)
- Safety Climate: 71 (DUHS), 71 (3GT Yes), 71 (3GT No)
- Resilience: 40 (DUHS), 45 (3GT Yes), 47 (3GT No)
- Work Life Balance: 49 (DUHS), 51 (3GT Yes), 47 (3GT No)
Effect Sizes

<table>
<thead>
<tr>
<th></th>
<th>Baseline to 1-Mo Follow-up</th>
<th>Baseline to 6-Mo Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>.25</td>
<td>.34</td>
</tr>
<tr>
<td>concerning threshold sub-group</td>
<td>.61</td>
<td>.68</td>
</tr>
<tr>
<td>Depression</td>
<td>.41</td>
<td>.52</td>
</tr>
<tr>
<td>concerning threshold sub-group</td>
<td>1.57</td>
<td>1.38</td>
</tr>
</tbody>
</table>
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
3 Good Things Day 1:
Start here.
https://gli.tc/b/KH9Waq
This is Day 1 of 15 total. Enjoy!

+ Type a message...
So how are we going to kill the next patient around here?

“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”

- Learning Env, 76
- Local Leadership, 66
- Teamwork Climate, 71
- Safety Climate, 75
- Burnout (My Burnout), 61
- Burnout Climate, 53
- Work Life Balance, 67

Mean of the clinical area scores

- Learning Env, 40
- Local Leadership, 31
- Teamwork Climate, 39
- Safety Climate, 38
- Burnout (My Burnout), 36
- Burnout Climate, 76
- Work Life Balance, 50

- PosRd Yes (n=6585)
- PosRd No (n=2212)

$t = 40.33, p < .001$
$t = 37.24, p < .001$
$t = 34.10, p < .001$
$t = 41.17, p < .001$
$t = -25.09, p < .001$
$t = -24.15, p < .001$
$t = 18.76, p < .001$
## Resources at DUHS

<table>
<thead>
<tr>
<th></th>
<th>Positive WR</th>
<th>Safety WR</th>
<th>Safe Choices</th>
<th>Schwartz Rnds</th>
<th>Upheaval Sprt</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>82.75/60.39</td>
<td>85.94/64.99</td>
<td>79.04/73.95</td>
<td>77.36/72.50</td>
<td>84.39/67.90</td>
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<td>t=36.83,p&lt;.001</td>
<td>t=8.15,p&lt;.001</td>
<td>t=5.15,p&lt;.001</td>
<td>t=21.14,p&lt;.001</td>
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<tr>
<td>Readiness</td>
<td>77.35/52.45</td>
<td>80.86/57.44</td>
<td>72.19/67.53</td>
<td>70.78/66.50</td>
<td>78.58/61.76</td>
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<tr>
<td></td>
<td>t=37.24,p&lt;.001</td>
<td>t=34.66,p&lt;.001</td>
<td>t=6.22,p&lt;.001</td>
<td>t=3.89,p&lt;.001</td>
<td>t=18.19,p&lt;.001</td>
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<tr>
<td>Local Leadership</td>
<td>71.33/55.28</td>
<td>72.73/59.03</td>
<td>66.91/66.08</td>
<td>67.39/65.40</td>
<td>72.23/59.24</td>
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<tr>
<td></td>
<td>t=31.46,p&lt;.001</td>
<td>t=26.38,p&lt;.001</td>
<td>t=1.49,p=.137</td>
<td>t=2.40,p=.016</td>
<td>t=18.73,p&lt;.001</td>
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<tr>
<td>Teamwork Climate</td>
<td>79.27/58.65</td>
<td>82.12/62.57</td>
<td>75.08/71.72</td>
<td>73.79/70.47</td>
<td>80.93/64.54</td>
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<tr>
<td></td>
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<td>t=39.62,p&lt;.001</td>
<td>t=6.04,p&lt;.001</td>
<td>t=4.03,p&lt;.001</td>
<td>t=23.97,p&lt;.001</td>
</tr>
<tr>
<td>Safety Climate</td>
<td>35.73/53.91</td>
<td>32.58/51.19</td>
<td>40.22/42.25</td>
<td>41.98/44.92</td>
<td>35.05/48.40</td>
</tr>
<tr>
<td></td>
<td>t=-25.09,p&lt;.001</td>
<td>t=-25.68,p&lt;.001</td>
<td>t=-2.60,p&lt;.1</td>
<td>t=-2.54,p&lt;.011</td>
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<tr>
<td>Personal Burnout</td>
<td>1.86/2.17</td>
<td>1.81/2.13</td>
<td>1.90/2.01</td>
<td>2.07/1.97</td>
<td>1.92/2.04</td>
</tr>
<tr>
<td></td>
<td>t=-18.76,p&lt;.001</td>
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<td>t=3.52,p&lt;.001</td>
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<tr>
<td>Work-Life Climate</td>
<td>80.73/56.62</td>
<td>84.17/61.47</td>
<td>76.52/70.92</td>
<td>74.41/69.89</td>
<td>82.02/64.92</td>
</tr>
<tr>
<td></td>
<td>t=41.45,p&lt;.001</td>
<td>t=38.44,p&lt;.001</td>
<td>t=8.49,p&lt;.001</td>
<td>t=4.58,p&lt;.001</td>
<td>t=20.80,p&lt;.001</td>
</tr>
</tbody>
</table>
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

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<tr>
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<td>t=4.58,p&lt;.001</td>
<td>t=20.80,p&lt;.001</td>
</tr>
</tbody>
</table>
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:
  – Cultivate Hope: bit.ly/fwdtool
  – 3 Funny Things: bit.ly/start3ft
  – Cultivate Confidants: bit.ly/1goodchat
  – Cultivate Awe and Wonder: bit.ly/awetool
  – 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
Monthly Resilience Webinar series:
- 1 hr cont ed 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
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.