Keeping Well-Being Real and Relevant while the Waves Keep Crashing

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Land Acknowledgement

We begin our retreat today with a land acknowledgment.

We are meeting virtually, and I am presenting from the place that is now called Atlanta, Georgia on the traditional territories and unceded lands of the Mvskoke (Muscogee) People. We acknowledge the importance of reflecting upon our shared past, present, and future while recognizing the land upon which we currently inhabit.

https://native-land.ca/
A Core Concept

“Love makes us feel more alive.”
-bell hooks, *all about love*

“Love is as love does.”
-bell hooks, *all about love*
“Grief is forcing new skins on me, scraping scales from my eyes. I regret my past certainties: *Surely you should mourn, talk through it, face it, go through it.* The smug certainties of a person yet acquainted with grief. I have mourned in the past, but only now have I touched grief’s core. Only now do I learn, while feeling for its porous edges, that there is no way through. I am in the centre of this churning, and I have become a maker of boxes, and inside their unbending walls I cage my thoughts.” p.13
Million
What’s Concerning:

**Open access**  
BMJ Open  
Impact of leadership behaviour on physician well-being, burnout, professional fulfilment and intent to leave: a multicentre cross-sectional survey study

Mihriye Mala, 1,2,3 Charlotte Goldman, 4 Tail Shanahan, 5,6 Daniel Marchalk 7,6

**ABSTRACT**  
Objective To examine if perceived leadership behaviour affects burnout, professional fulfilment and intent to leave the organization among physicians.  
Setting: 5228 attending and resident physicians at 11 institutions approved by the Physician Wellness Academic Consortium (PWAC) were surveyed to assess burnout, professional fulfillment and leadership behavior.  
Participants: A sample of 5416 physicians from complete data on gender, specialty, leadership, burnout and professional fulfillment.  
Main outcomes and measures: Leadership behavior of each physician's supervisor was assessed using the Mayfield Clinic. Participatory Management's Leadership Scale and categorized in tertiles. Multilevel logistic regression analyses examined the effect of leadership behavior tertiles on each physician's supervisor's burnout, professional fulfillment and intent to leave controlling for gender and specialty.  
Results: The response rate was 46% across 11 institutions. Most of the respondents were female.  
Professional fulfillment increased with increasing tertiles of leadership behavior rating (β = 0.19, 95% CI: 0.14-0.24, P < 0.001).  
The odds of professional fulfillment were 3.8 times higher (β = 1.38, 95% CI: 1.25-1.52) in physicians in the top tertile compared with those in the lowest tertile. Physicians in the top tertile were also 40% more likely to be burned out (β = -0.69, 95% CI: -0.84-0.54) and reported 36% lower leadership behaviors.  
Sols or small practices are becoming less common, and up to twod-thirds of physicians are now employed by large practice groups and 20% of physicians employed by a practice of greater than 100 physicians.  
Leadership is common property that involves the leadership behavior of each physician's supervisor's burnout, professional fulfillment and intent to leave controlling for gender and specialty.  
Results of this study may have implications for physician burnout, professional fulfillment, and intent to leave.  
**STRENGTHS AND LIMITATIONS OF THIS STUDY**  
First, we have performed a multicenter survey that analyzed the effect of perceived leadership behaviors on physician well-being, professional fulfillment, and intent to leave.  
Leadership was evaluated by PWAC physicians, representing at least 12 specialties from 11 healthcare institutions.  
Validated instruments were used to assess burnout, professional fulfillment, and leadership behavior.  
Response rate of 46%, although relatively high for a physician survey, may contribute to selection bias.  
Respondents were from member institutions of the Physician Wellness Academic Consortium, which may limit generalizability.

**RESULTS**  
Electronic surveys were returned by 3718 (of 4936) physicians in 2019, 38460 (of 45268) in 2020, and 31475 (of 44224) in 2021 to 2022 for overall response rates of 74.5%, 85.0%, and 76.4%, respectively. The overall sample comprised 107122 completed surveys. Nursing was the most frequently reported role (n = 43918 [40.9%]). A total of 17 786 respondents (16.9%) reported less than 1 year at their facility, 59 206 (56.2%) reported 1 to 10 years, and 28 337 (26.9%) reported 11 years or more. From September 2019 to September 2021 through January 2022, overall NEE increased from 31.8% (95% CI, 30.0%-33.7%) to 40.4% (95% CI, 38.1%-42.8%), with a proportional increase in NEE2 of 26.9% (95% CI, 22.3%-31.8%). Physicians had a decrease in NEE from 31.8% (95% CI, 29.3%-34.5%) in 2019 to 28.3% (95% CI, 25.9%-31.0%) in 2020 but an increase during the second year of the pandemic to 37.8% (95% CI, 34.7%-41.3%). Nurses had an increase in NEE during the pandemic's first year from 40.6% (95% CI, 38.4%-42.9%) in 2019 to 46.5% (95% CI, 44.0%-49.3%) in 2020 and increasing again during the second year of the pandemic to 49.2% (95% CI, 46.5%-51.9%). All other roles showed a similar pattern to nurses but at lower levels. Intraclass correlation coefficients revealed clustering of exhaustion within work settings across the 3 years, with coefficients of 0.15 to 0.17 for emotional exhaustion and 0.22 to 0.24 for emotional exhaustion.

**REFERENCE**  
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Golda Chan, Li Han 1 2 were involved in the writing of the manuscript.  
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**Original Investigation | Psychiatry**

**Emotional Exhaustion Among US Health Care Workers Before and During the COVID-19 Pandemic, 2019-2021**

J. Bryan Sexton, PhD, Kathryn C. Adar, PhD, Joshua Proulx, BSE, Jochen Profilit, MD, Tim Cul, PhD, Jon Raw, MD, Allen Frankel, MD

**Abstract**

**Importance**

Extraneous strain from COVID-19 has negatively impacted health care worker (HCW) well-being.

**Objective**

To determine whether HCW emotional exhaustion has increased during the pandemic, for which roles, and at what point.

**Design, Setting, and Participants**

This survey study was conducted in 3 waves, with an electronic survey administered in September 2019, September 2020, and September 2021 through January 2022. Participants included hospital-based HCWs in clinical and nonclinical (eg, administrative support) roles at 76 community hospitals within 2 large health care systems in the US.

**Exposures**

Safety, Communication, Organizational Reliability, Physician, and Employee Burnout and Engagement (SCORE) survey domains of emotional exhaustion and emotional exhaustion climate.

**Main Outcomes and Measures**

The percentage of respondents reporting emotional exhaustion (NEE) in themselves and a climate of emotional exhaustion (NEEclim) in their colleagues. Survey items were assessed on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree); neutral or higher scores were counted as “percent concerning” for exhaustion.

**Results**

Electronic surveys were returned by 37,187 (of 49,596) HCWs in 2019, 38,460 (of 45,268) in 2020, and 31,475 (of 44,224) in 2021 to 2022 for overall response rates of 74.5%, 85.0%, and 76.4%, respectively. The overall sample comprised 107,122 completed surveys. Nursing was the most frequently reported role (n = 43,918 [40.9%]). A total of 17,786 respondents (16.9%) reported less than 1 year at their facility, 59,206 (56.2%) reported 1 to 10 years, and 28,337 (26.9%) reported 11 years or more. From September 2019 to September 2021 through January 2022, overall NEE increased from 31.8% (95% CI, 30.0%-33.7%) to 40.4% (95% CI, 38.1%-42.8%), with a proportional increase in NEE2 of 26.9% (95% CI, 22.3%-31.8%). Physicians had a decrease in NEE from 31.8% (95% CI, 29.3%-34.5%) in 2019 to 28.3% (95% CI, 25.9%-31.0%) in 2020 but an increase during the second year of the pandemic to 37.8% (95% CI, 34.7%-41.3%). Nurses had an increase in NEE during the pandemic’s first year from 40.6% (95% CI, 38.4%-42.9%) in 2019 to 46.5% (95% CI, 44.0%-49.3%) in 2020 and increasing again during the second year of the pandemic to 49.2% (95% CI, 46.5%-51.9%). All other roles showed a similar pattern to nurses but at lower levels. Intraclass correlation coefficients revealed clustering of exhaustion within work settings across the 3 years, with coefficients of 0.15 to 0.17 for emotional exhaustion and 0.22 to 0.24 for emotional exhaustion.

**Key Points**

Question: Is the COVID-19 pandemic associated with an increase in health care worker emotional exhaustion?

Findings: In this 3-year survey study with an overall sample of 107,122 responses from US health care workers before (2019) and twice during (2020 and 2021) the COVID-19 pandemic, increases in emotional exhaustion were reported in assessments of emotional exhaustion in oneself and in one’s colleagues overall and for every role; nurses reported increases each year, but physicians reported decreases in 2020 followed by sharp increases in 2021. Exhaustion score clustering in work settings was suggestive of a social contagion effect of exhaustion.

Meaning: These findings indicate that emotional exhaustion among health care workers, which was problematic before the pandemic, has become worse; increases in emotional exhaustion may jeopardize care quality and necessitate additional support for the workforce.

**Invited Commentary**

**Supplemental content**

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

**Abbreviations**: CF = compression fatigue; CS = traumatic stress

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14%

(Dr. Shams Syed World Health Organization)
What’s Working:

Interventions for occupational stress and compassion fatigue in animal care professionals — A systematic review.


The work associated with caring for suffering and traumatized animals leaves many animal care professionals vulnerable to occupational stress and compassion fatigue. Given the number of negative outcomes these conditions have for the workplace and the individual, the availability of effective therapeutic interventions is extremely important. It was, therefore, the aim of this article to conduct a systematic literature review on intervention programs for occupational stress and compassion fatigue in animal care professionals for the purpose of providing best practice guidelines. The review found that although occupational stress is highly prevalent in the animal care profession, only 4 articles evaluating therapeutic interventions in this population were identified. This small number, combined with the variability in design and outcome measures of the articles, made best practice recommendations on the basis of this review difficult. The author recommends that administrators and/or managers within the animal care profession and mental health professionals wishing to implement therapeutic interventions borrow from research conducted in other areas until a strong research base in the animal care profession is established. A review of occupational stress interventions in the human care profession revealed that cognitive-behavioral therapies, including mindfulness-based approaches, are the most frequently cited approaches for therapeutic interventions in this population. Programs incorporating psychoceduction, coping skills training, and relaxation within a cognitive-behavioral framework with possible mindfulness-based approaches may, therefore, offer mental health professionals, administrators, and/or managers in the animal care profession a useful starting point with which to base future interventions. (APA, PsychINFO Database Record (c) 2018 APA, all rights reserved)

Performance Nutrition for Physician Trainees Working Overnight Shifts: A Randomized Controlled Trial

Maryam S. Makowski, PhD, Mickey T. Trockel, PhD, MD, Nikitha K. Menon, Hannah Wang, MPS, Laurence Kaznelson, MD, and Tare D. Shamseddin, MD

Abstract

Purpose
To compare acute effects of interventions with usual on physician trainees’ overnight shifts.

Method
This registered, control block randomized cross (NCT03696123) was conducted at Stanford Medicine. Working at least 3 overnight a week during a 1-week period. The first night, followed by usual dietary and lifestyle habits, with the intervention carbohydrate-to-protein high carbohydrate-to-protein interventions, participate healthy dinner, snack upon request, caffeine at the beginning of the shift.

The emBRACE Peer Support Program is an interprofessional, system approach to decreasing the lasting burdens of secondary trauma and moral distress experienced by our employees.

Peer support leaders (peer supporters) include Emory Healthcare and Emory University:

- Physicians
- Nurses
- Advanced Practice Providers
- Social Workers
- Spiritual Health

Registered nurse turnover and financial resources on investing in contract RNs (i.e., Contract RNs are typical RNs with $27,000-$28,000). The average cost of RN turnover is approximately $40,000 ($27,000-$28,000). This specific distinct RNs may understand the mechanisms that reduce RN turnover a date that have conceptualized studies published on physician training. This study aims to fill this burnout-attribute turnover gap, to connect with a peer supporter, scan the QR code using your smartphone camera or visit:

https://forms.office.com/e/4ERDnC3h

Peer-to-peer support

“Patients view us as understanding clinical issues and peer support had been shown to be effective, economically viable, and sustainable.”
Quality = Right Individuals + Right System + Right Attention
Workforce Agility and Resilience Model

- Transformational Leadership
- Policy Changes & Physical Space Adaptation
- Compensation & Time
- Representation
- Self-Care
Workforce Agility and Resilience Model

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- Self-Care
Cognitive-Based Compassion Training

https://compassion.emory.edu/cbct-compassion-training/index.html
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"Give me a break!" A systematic review and meta-analysis on the efficacy of micro-breaks for increasing well-being and performance

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Abstract

Recovery activities during short breaks taken between work tasks are solutions for preventing the impairing effects of accumulated strain. No wonder then that a growing body of scientific literature from various perspectives emerged on this topic. The present meta-analysis is aimed at estimating the efficacy of micro-breaks in enhancing well-being (vigor and fatigue) and performance, as well as in which conditions and for whom are the micro-breaks most effective. We searched the existing literature on this topic and aggregated the existing data from experimental and quasi-experimental studies. The systematic search revealed 19 records, which resulted in 22 independent study samples ($N = 2335$). Random-effects meta-analyses showed statistically significant but small effects of micro-breaks in boosting vigor ($d = 3.6, p < .001; k = 9, n = 913$), reducing fatigue ($d = .35, p < .001; k = 9, n = 803$), and a non-significant effect on increasing overall performance ($d = .16, p = .116; k = 15, n = 1132$). Sub-groups analyses on performance types revealed significant effects only for tasks with less cognitive demands. A meta-regression showed that the longer the break, the greater the boost on performance. Overall, the data support the role of micro-breaks for well-being, while for performance, recovering from highly depleting tasks may need more than 10-minute breaks. Therefore, future studies should focus on this issue.
Workforce Agility and Resilience Model

- Self-Care
- Representation
- Compensation & Time
- Policy Changes & Physical Space Adaptation
- Transformational Leadership
Performance Nutrition for Physician Trainees Working Overnight Shifts: A Randomized Controlled Trial

Maryam S. Makowski, PhD, Mickey T. Trockel, PhD, MD, Nikitha K. Menon, Hanhan Wang, MPS, Laurence Katznelson, MD, and Tait D. Shanafelt, MD

Abstract

Purpose
To compare acute effects of 2 dietary interventions with usual dietary habits on physician trainees’ alertness during overnight shifts.

Method
This registered, controlled, block randomized crossover trial (NCT03698123) was conducted between October 2018 and May 2019 at Stanford Medicine. Physician trainees working at least 3 overnight shifts during a 1-week period were recruited. During the first night, participants followed their usual dietary habits. During the intervention nights (low carbohydrate-to-protein ratio and high carbohydrate-to-protein ratio interventions), participants received healthy dinners, snacks, water, and, upon request, caffeinated beverages, at the beginning of their shifts and were instructed to eat meals before 10 pm. The sequence of interventions on the second and third nights were block randomized across study weeks. Outcome measures (a priori) were overnight changes in validated measures of specific neurobehavioral dimensions: psychomotor vigilance, sensory–motor speed, working memory, and risk decision making, as well as self-reported sleepiness and work exhaustion.

Results
Sixty-one physician trainees participated in this study. Compared with usual dietary habits, overnight changes in psychomotor vigilance scores (scale-0–1,000) improved by 51.02 points (95% CI: 12.08, 89.96) and sleepiness (scale 1–7) improved by 0.69 points (95% CI: 0.33, 1.05) under the low carbohydrate-to-protein ratio intervention. Compared with usual dietary habits, overnight changes in sleepiness (scale 1–7) improved by 0.61 points (95% CI: 0.25, 0.96) under the high carbohydrate-to-protein ratio intervention. Neither intervention had beneficial effects relative to usual dietary habits with respect to sensory–motor speed, working memory, risk decision making, or work exhaustion. There were no differences in outcomes between low carbohydrate-to-protein ratio and high carbohydrate-to-protein ratio interventions.

Conclusions
Dietary interventions may mitigate negative effects of physician trainee sleep deprivation during overnight shifts. Future studies are warranted to further examine the effectiveness of nutritional strategies on physician alertness during overnight shifts.

Associations Among Nurses' Mental/Physical Health, Lifestyle Behaviors, Shift Length, and Workplace Wellness Support During COVID-19

Important Implications for Health Care Systems

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN; Andreaanu Pavan Hsieh, MPH; Alai Tan, PhD; Alice M. Teall, DNP, APRN-CNP, FAANP; Dan Weberg, PhD, RN, MHI, BSN; Jin Jun, PhD, RN; Kate Gauthier, DNP, APRN-CNP, RN; Jacqueline Hoying, PhD, RN

Work cultures supportive of wellness and shorter shift length have been associated with better mental/physical health outcomes in nurses, but how the coronavirus disease 19 (COVID-19) pandemic impacted such outcomes is not known. This study's aims were to (1) describe the mental/physical health, well-being, and healthy lifestyle behaviors of nurses during the pandemic; (2) explore the pandemic's impact on their health and healthy lifestyle behaviors; and (3) determine the associations of perceived workplace wellness support and shift length with nurses' health, well-being, and healthy lifestyle behaviors. A cross-sectional descriptive design was used with 294 nurses associated with Trusted Health. Nurses completed a survey containing valid and reliable scales measuring depression, anxiety, burnout, and quality of life, perceived wellness culture, and healthy lifestyle behaviors. Results indicated that more than 50% of nurses had worsening mental/
Vanderbilt should lose Magnet status over RaDonda Vaught's treatment, nurses say

Mackenzie Bean - Friday, August 5th, 2022

Some nurses are urging the American Nurses Credentialing Center not to renew Vanderbilt University Medical Center's Magnet designation, arguing that the hospital's response to RaDonda Vaught's fatal medication error and conviction do not align with the program's mission to create an environment where nurses flourish.

Nashville, Tenn.-based Vanderbilt University Medical Center is applying for redesignation of its Magnet designation for Vanderbilt University Hospital's adult enterprise and must undergo a site evaluation this month, according to a public notice posted on the organization's website.
Workforce Agility and Resilience Model

- Transformational Leadership
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- Representation
- Self-Care
The Evidence is Clear
Workforce Agility and Resilience Model

- Self-Care
- Representation
- Compensation & Time
- Policy Changes & Physical Space Adaptation
- Transformational Leadership
"Begin at the beginning," the King said gravely, "and go on till you come to the end: then stop."

-from Alice’s Adventures in Wonderland, by Lewis Carroll, ch. 9
What is your story?
Scarcity
Abundance

Abundance

Scarcity

“Tomorrow belongs to those of us who conceive of it as belonging to everyone; who lend the best of ourselves to it, and with joy. “

-Audre Lorde, A Burst of Light and Other Essays, p.96
Thank you

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“The Flower Carrier” Diego Rivera