

Burnout Solutions, Interventions & the Predictive Power of Feeling Supported When Things Go Wrong: The Science of Enhancing Resilience

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WISER 

While you are waiting for us to start, perhaps you could send a quick text to someone important to you, to send a kind thought their way.



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/intttool
- 3 Good Things: bit.ly/start3gt





OPEN ACCESS

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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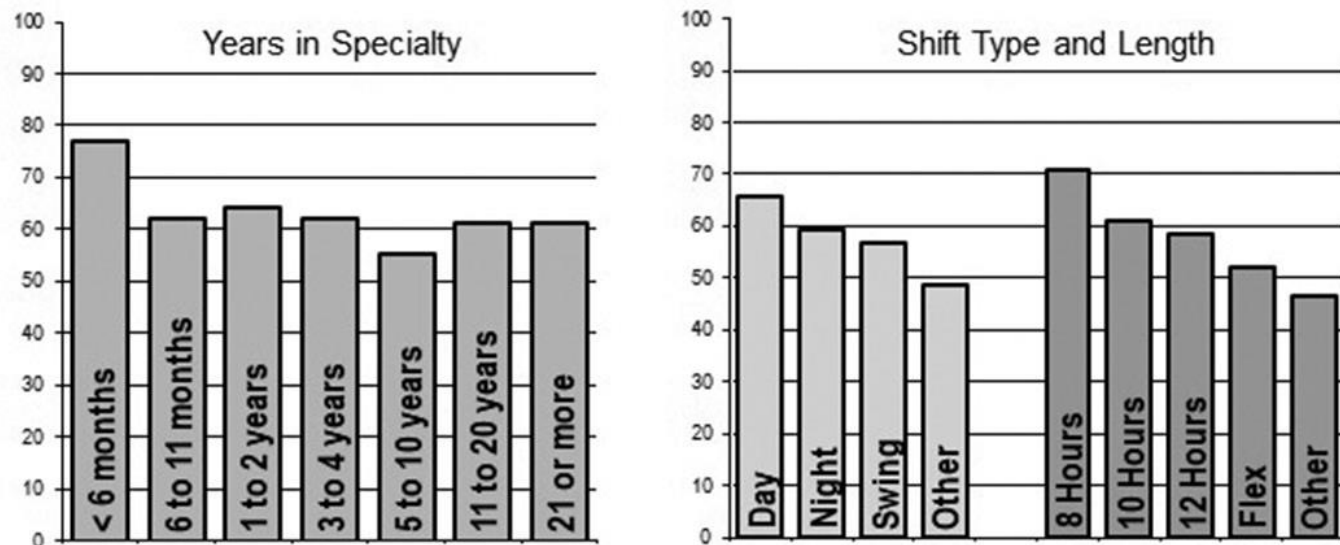
⁵Stanford Medicine, Stanford, North Carolina, USA



OPEN ACCESS

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.



OPEN ACCESS

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

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Rene Schwendimann,¹⁰ Allan S Frankel⁴

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmjqs-2016-006399>).

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ABSTRACT

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

Methods This cross-sectional survey study evaluated associations between receiving feedback about actions taken as a result of WR and healthcare worker assessments of patient safety culture, employee

WalkRounds (WR),¹ where front-line healthcare workers (HCW) are encouraged by leadership to identify and resolve issues related to the safe delivery of care. Fundamentally, WRs are a form of observable leadership engagement with quality that can be an empowering resource for HCW,² at a time when resources are





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

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

Score domain	1	2	3	4	5	6	7	8	9	10	11	12
1. Improvement readiness	0.92, 0.16											
2. Local leadership	0.74	0.94, 0.17										
3. Teamwork climate	0.67	0.57	0.82, 0.19									
4. Safety climate	0.80	0.75	0.73	0.87, 0.17								
5. Personal burnout	-0.619	-0.59	-0.58	-0.64	0.92, 0.15							
6. Burnout climate	-0.62	-0.55	-0.67	-0.67	0.80	0.90, 0.26						
7. Advancement	0.39	0.35	0.34	0.40	-0.28	-0.27	0.89, 0.14					
8. Growth opportunities	0.70	0.62	0.58	0.71	-0.56	-0.56	0.49	0.92, 0.10				
9. Job uncertainty	-0.29	-0.30	-0.19	-0.27	0.33	0.29	0.09	0.25	-0.25	0.51		
10. Participation in decision-making	0.70	0.67	0.56	0.75	-0.61	-0.60	0.09	0.25	-0.25	0.51	0.82, 0.11	
11. Work-life climate	0.33	0.28	0.35	0.38	-0.51	-0.53	0.09	0.25	-0.25	0.51	0.82, 0.11	0.84, 0.12
12. Workload	-0.24	-0.26	-0.28	-0.27	0.56	0.53	-0.04	-0.20	0.15	-0.27	-0.50	0.84, 0.12

Burnout ICC .26

“Burnout is a team sport”

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



BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

Burnout is associated with:

Infections

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



Lower Patient Satisfaction

Aiken et al. BMJ 2012;344:
e1717 Vahey, Aiken et al.
Med Care. 2004 February;
42(2 Suppl): I157-I166.

Higher Standardized Mortality Ratios

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



Medication Errors

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



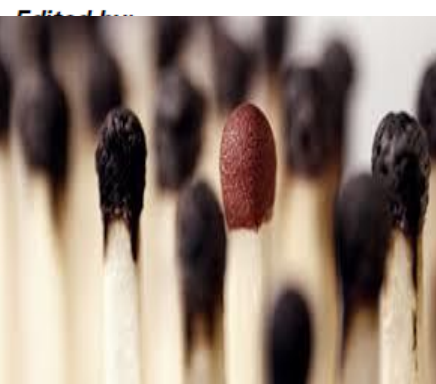
Emotional exhaustion and workload predict clinician-rated and objective patient safety

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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

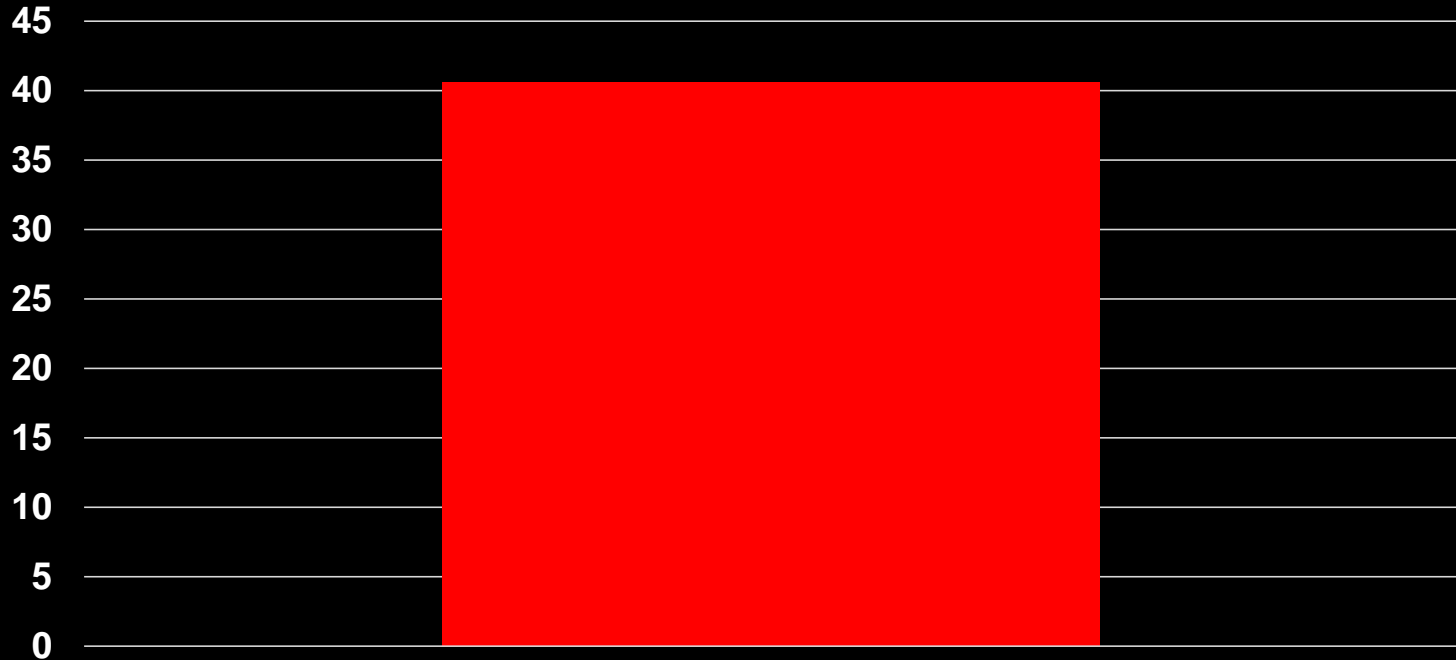


That is burnout in this room.
What about outside our
crispy circle?



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

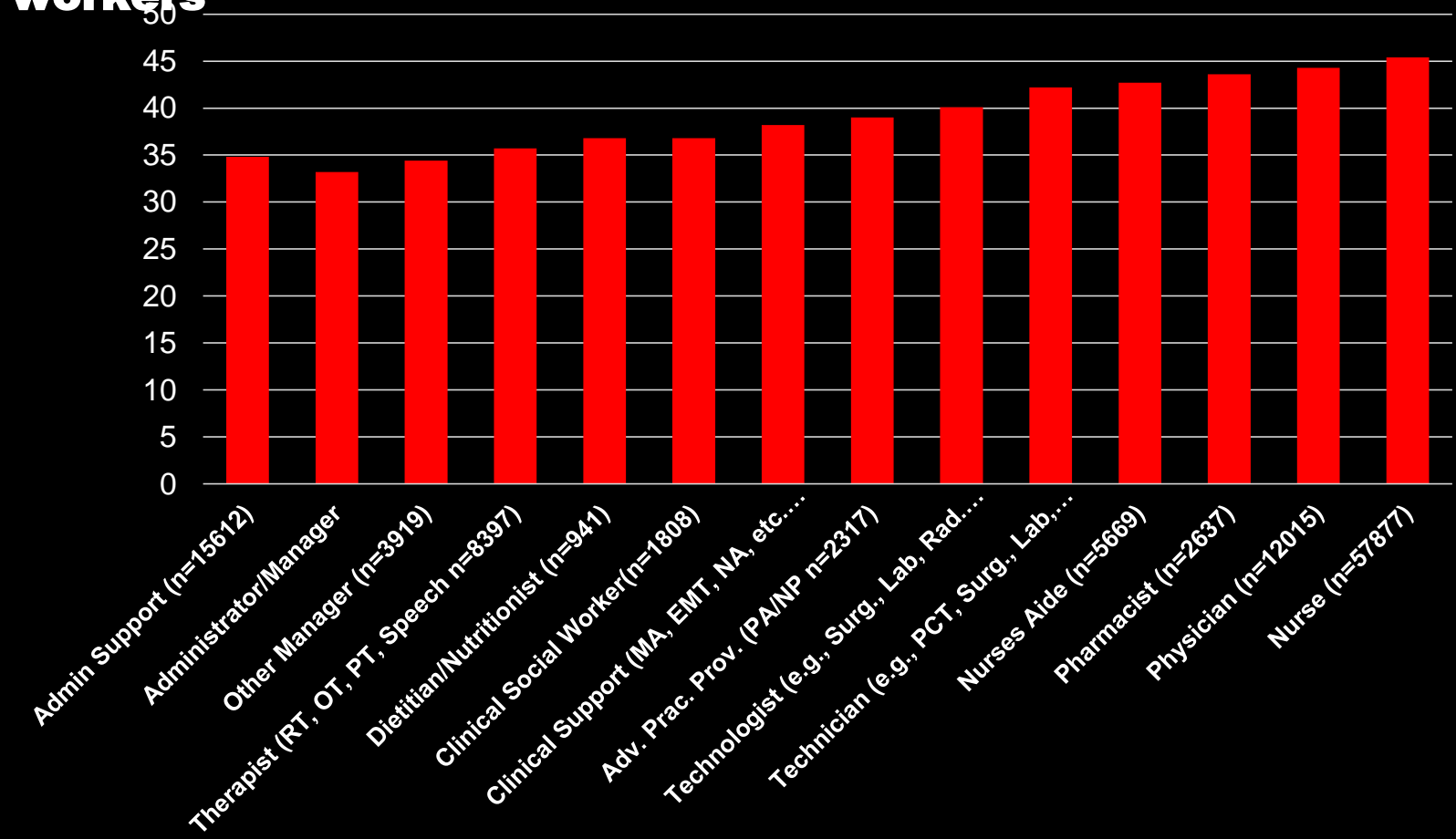


Table 4 | Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

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	173/2772 6	912/27163 34	6692/26935 25	3767/27232 14	11 449/25110 46	15 240/26717 57
Sweden	2750/10051 27	1117/1035 11	1117/1035 11	1117/1035 11	1117/1035 11	1117/1035 11	1117/1035 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	11 449/25110 46	15 240/26717 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 patient complaints and patient dissatisfaction. Burnout is associated with decreased on-call responsiveness, decreased personal and professional control, and decreased patient care in physicians.^{4,5} 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

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

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



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

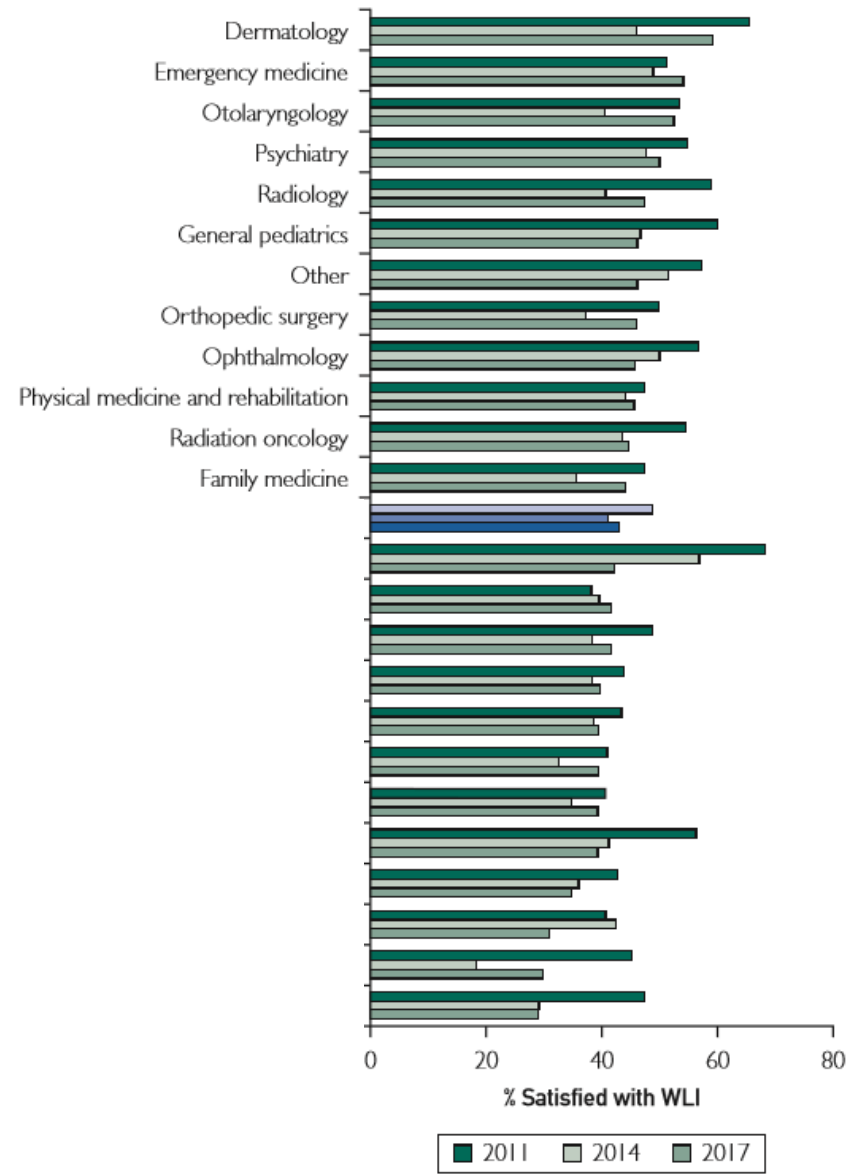
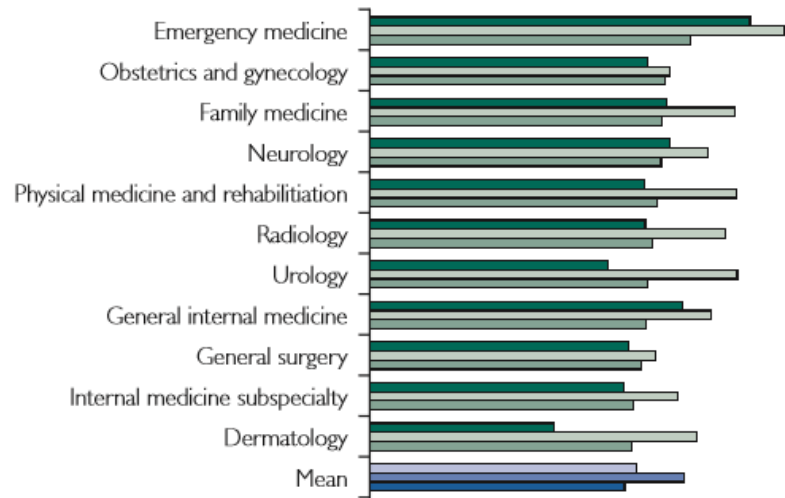
Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Christine Sinsky, MD; Mickey Trockel, MD, PhD; Michael Tutty, PhD; Daniel V. Satele, BS; Lindsey E. Carlasare, MBA; and Lotte N. Dyrbye, MD, MHPE

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



General

Preventive medicine/o



A

FIGURE 1. Bu

014, and 2011.

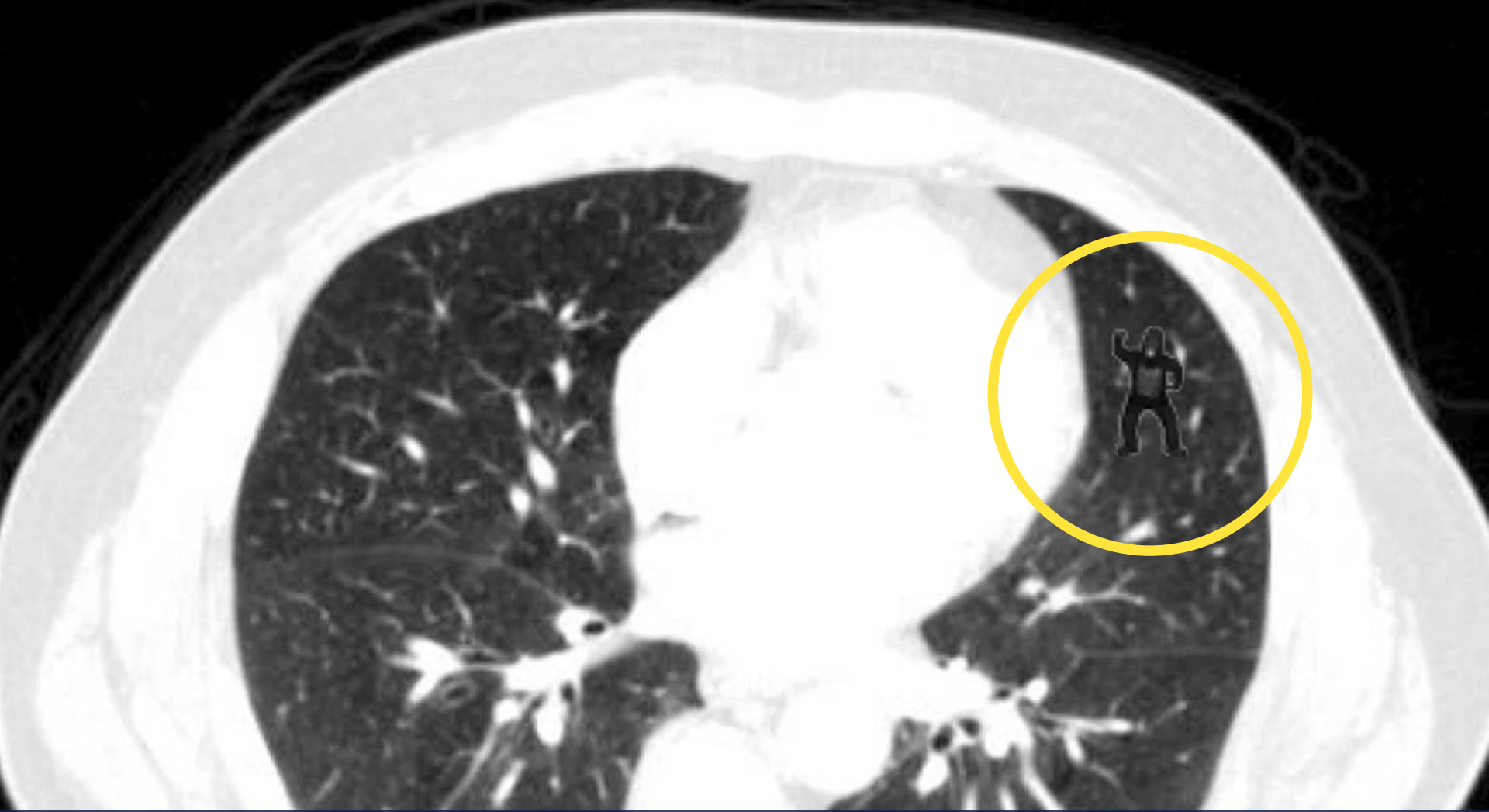


Psychology of Burnout
Your focus and reflections
determines your reality

Psychology of Burnout

Your **focus**
determines your
reality





Notice anything unusual about this lung scan?

Harvard researchers found that 83% of radiologists didn't notice the gorilla in the top right portion of this image.

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

Renzo Bianchi · Eric Laurent

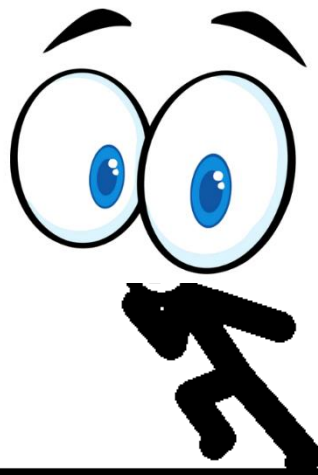
Received: 12 July 2014
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Abstract Whether emotional information processing is affected in burnout is unclear. The aim of the present study was to investigate the advance of the burnout process and its relationship with attentional processing and depression. Eye-tracking was used to assess overt attentional deployment. The gaze of 30 human services employees was monitored as they freely viewed a series of emotional images, labeled as dysphoric, positive, anxiogenic, and neutral. Similar to depression, burnout was associated with increased attention for dysphoric stimuli and decreased attention for positive stimuli.

What the burned out eyes are able to see is limited:

Eye-tracking of attention of burned out and depressed participants was the same: more focus on dysphoric stimuli / less focus on positive stimuli

burnout, the hallmark of burnout, is characterized by emotional exhaustion, the sense of physical and mental fatigue and helplessness; it reflects the worker's perception of an unresolvable stress and is considered the entry point into the burnout 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

1–11

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Twitter Topics Negatively Correlated With County-Level AHD Mortality

Skilled
Occupations



$r = -.14$



$r = -.17$



$r = -.17$

Positive
Experiences



$r = -.14$



$r = -.15$



$r = -.15$

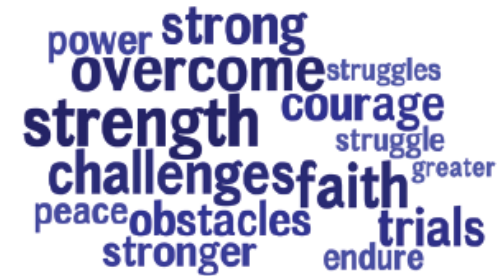
Optimism



$r = -.12$



$r = -.13$



$r = -.13$

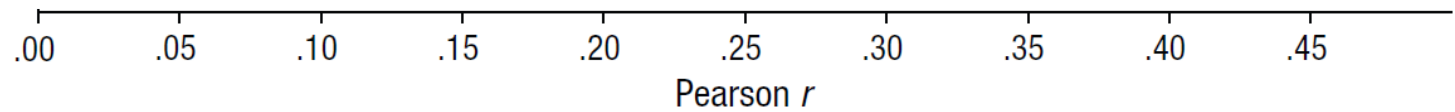


Fig. 2. Performance of models predicting age-adjusted mortality from atherosclerotic heart disease (AHD). For each model, the graph shows the correlation between predicted mortality and actual mortality reported by the Centers for Disease Control and Prevention. Predictions were based on Twitter language,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

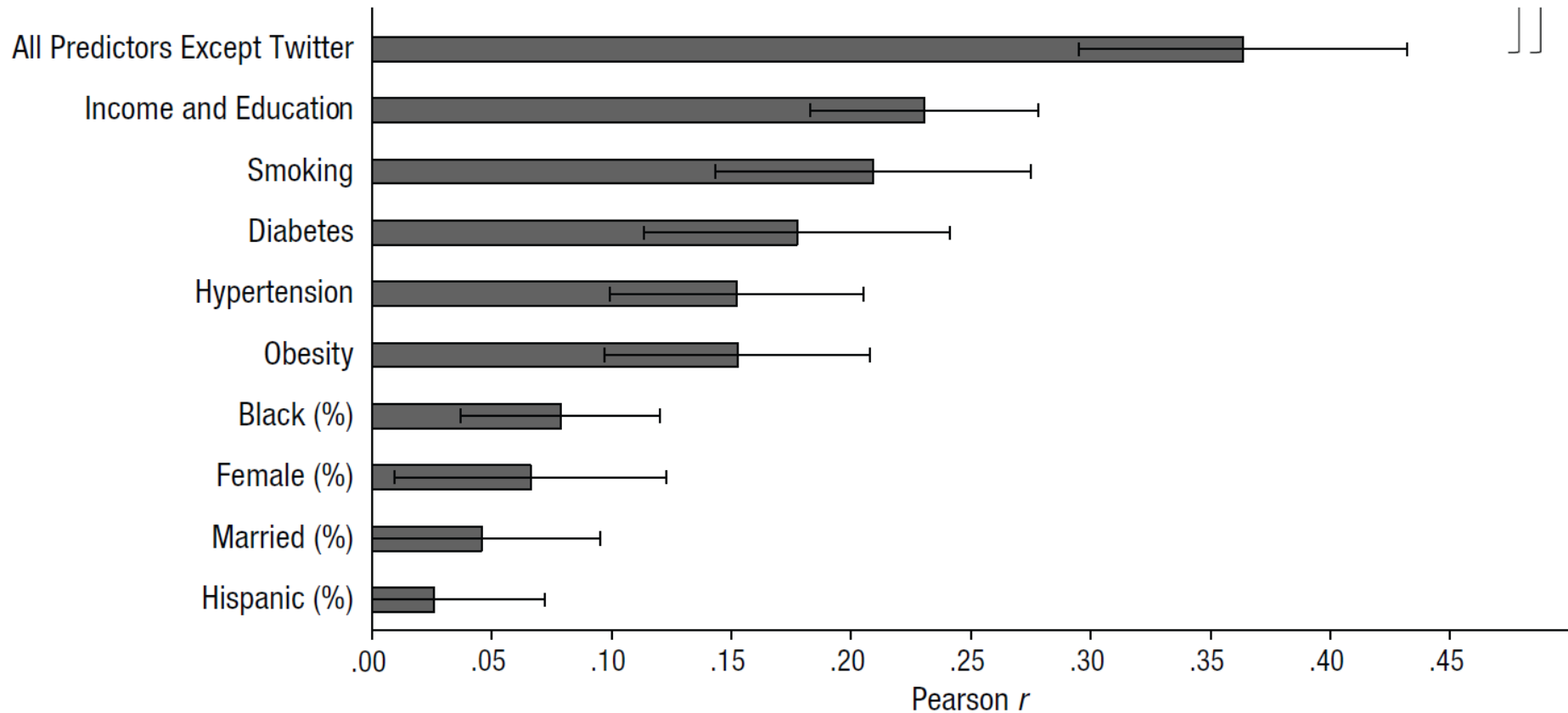


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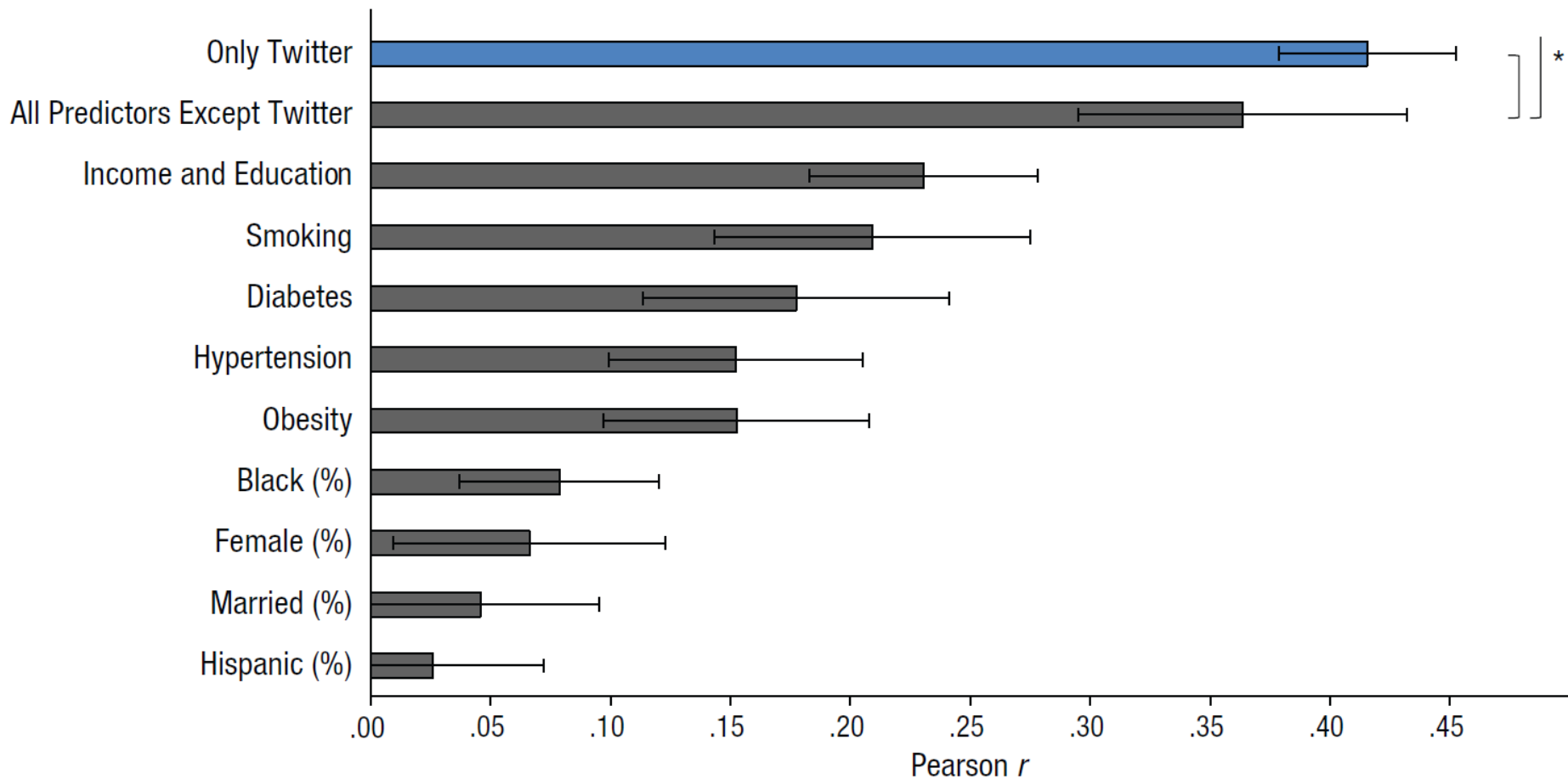


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CDC-Reported AHD Mortality

Twitter-Predicted AHD Mortality

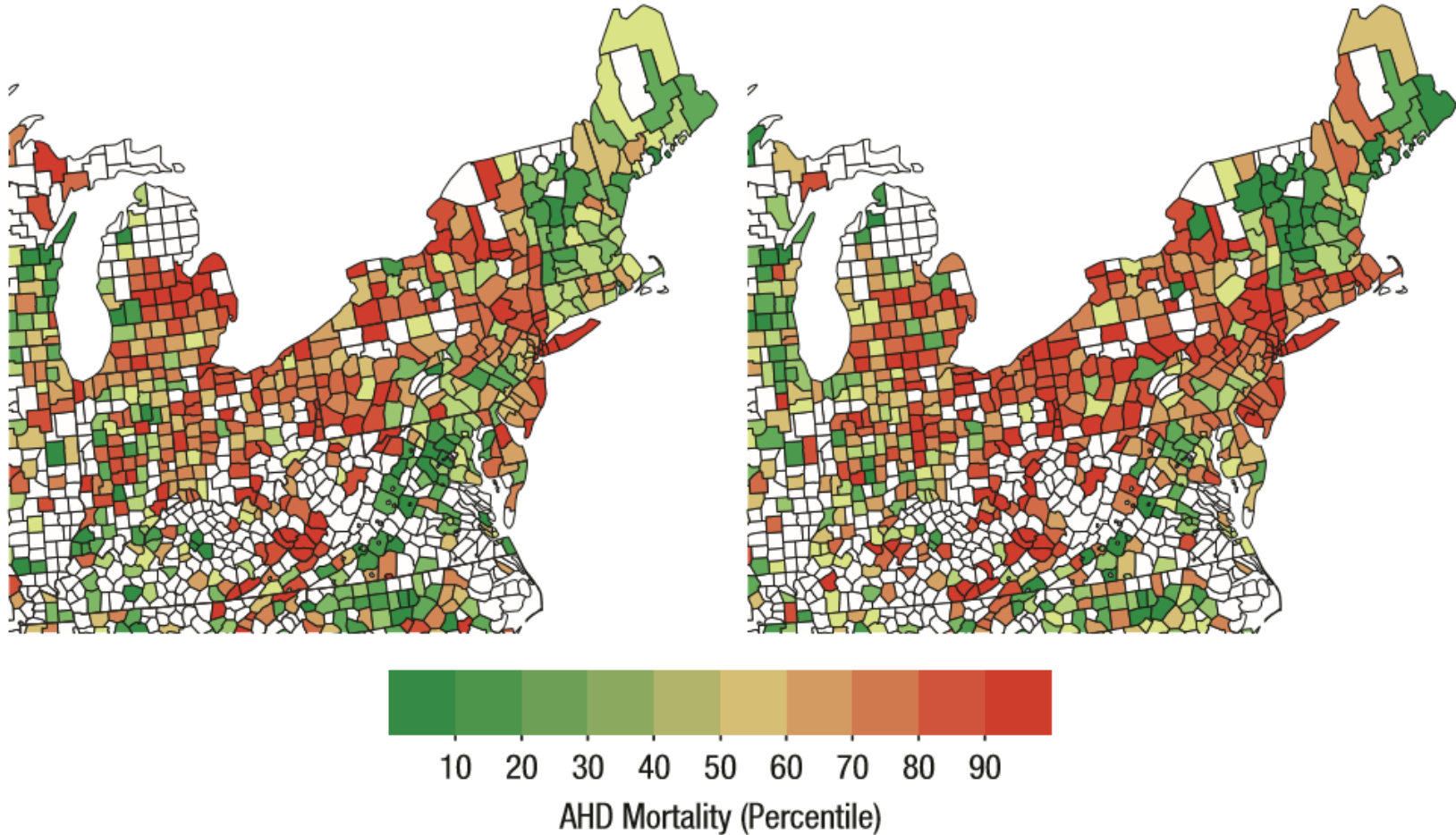


Fig. 3. Map of counties in the northeastern United States showing age-adjusted mortality from atherosclerotic heart disease (AHD) as reported by the Centers for Disease Control and Prevention (CDC; left) and as estimated through the Twitter-language-only prediction model (right). The out-of-sample predictions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

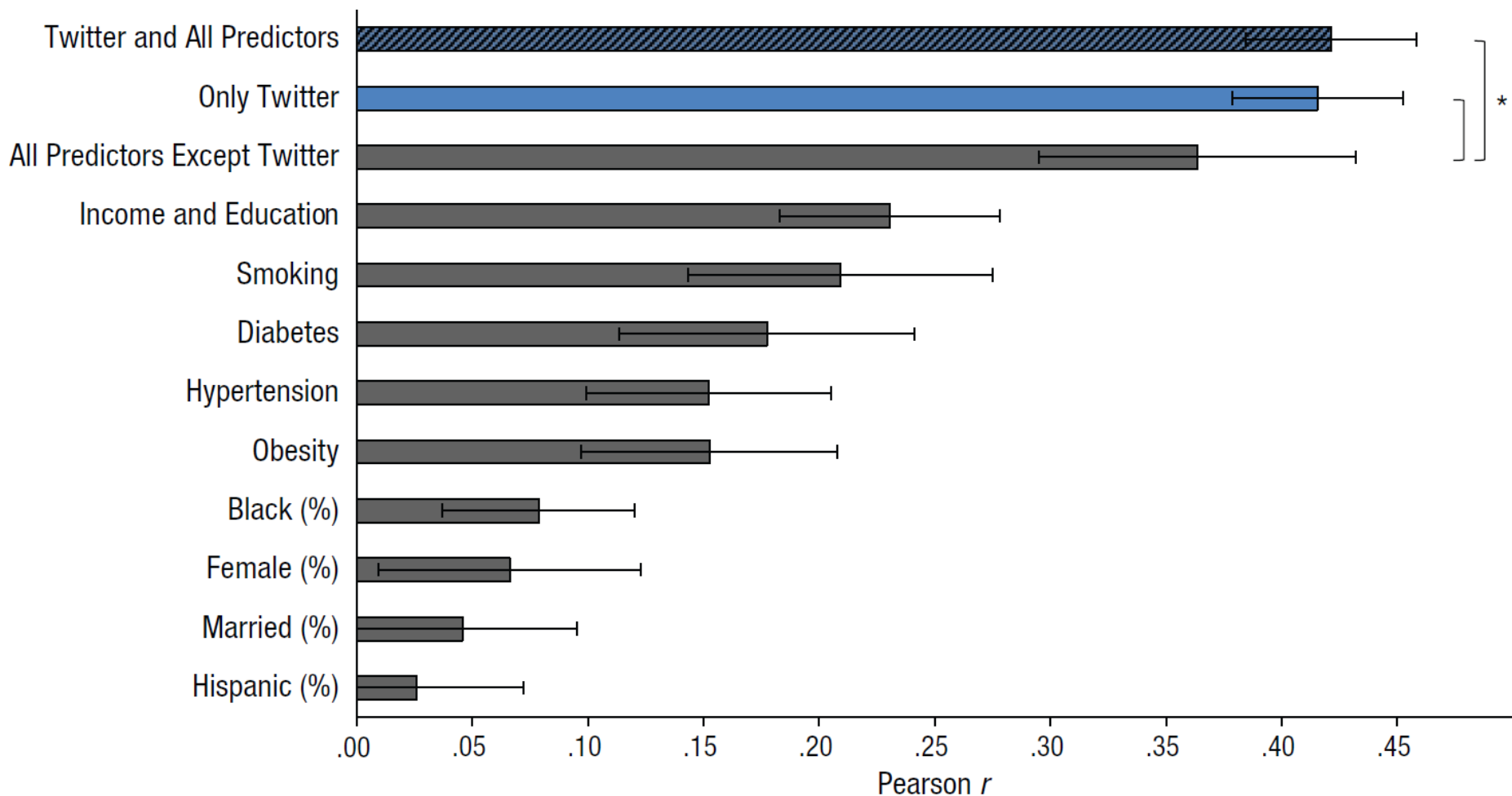


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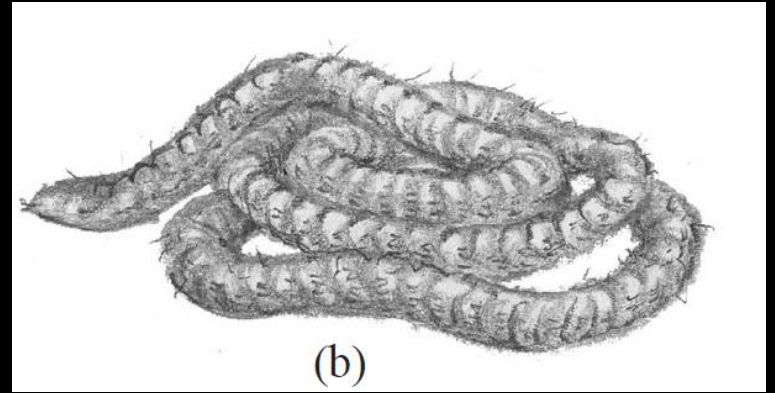
Psychology of Burnout

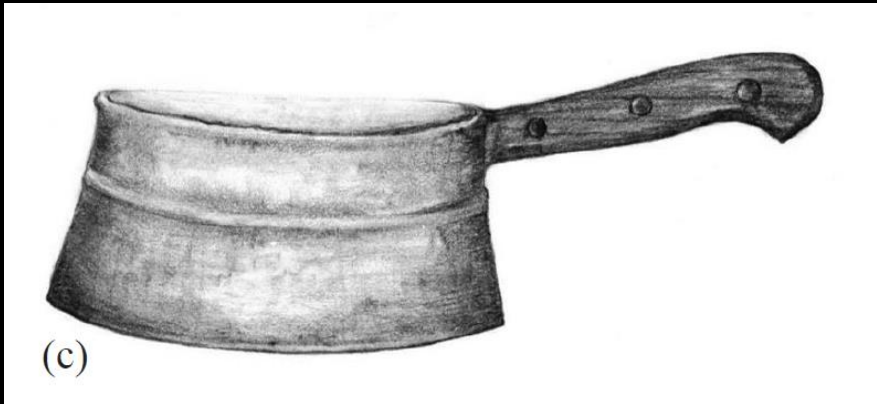


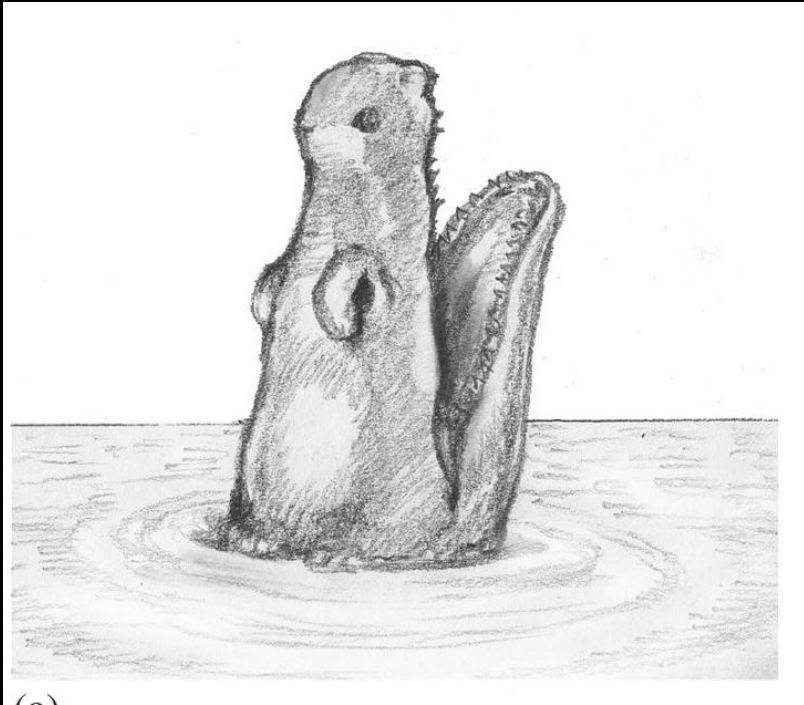
AND THAT YOUR

**PERCEPTIONS ARE INFLUENCED
BY HOW YOU FEEL**

Blurt Task – Don't be shy...







(8)

SHORT AND SWEET

Alligator or squirrel: Musically induced fear reveals threat in ambiguous figures

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USA

Received 14 May 2011

Abstract. Extant evidence shows that visual features or musical cues can be used to make ambiguous figures seem benign or dangerous. Three newly developed ambiguous figures were presented for brief interpretation in a control condition and in two music conditions. A majority reported seeing a visually perceived stimulus as benign in the control condition, but so the findings also suggest that music can induce a change in interpretation.

Keywords: ambiguous figures, music, fear

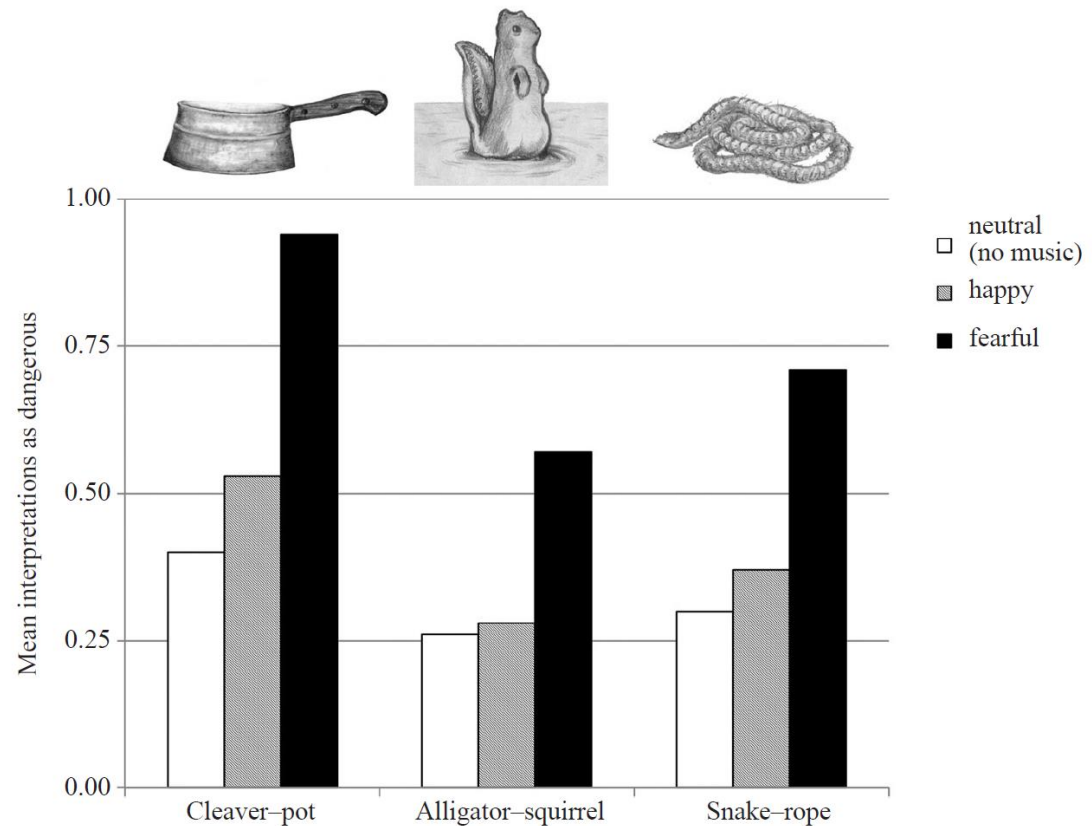


Figure 2. Mean interpretations as benign (= 0) and dangerous (= 1) for ambiguous figures in no music, happy music, and fearful music conditions.



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

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

	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.

PERSONALITY PROCESSES AND INDIVIDUAL DIFFERENCES



Posi

Sister 1 (low positive emotion): I was born on September 26, 1909, the eldest of seven children, five girls and two boys My candidate year was spent in the Motherhouse, teaching Chemistry and Second Year Latin at Notre Dame Institute. With God's grace, I intend to do my best for our Order, for the spread of religion and for my personal sanctification.

Deb

Handwritten
of 22 years

Autobiographu

Beginning in 1

write a short
than two to
sheet of paper . . . include place of birth, parentage, interesting and edifying events of childhood, schools attended, influences that led to the convent, religious life, and outstanding events.

Sister 2 (high positive emotion): God started my life off well by bestowing upon me a grace of inestimable value. . . . The past year which I have spent as a candidate studying at Notre Dame College has been a very happy one. Now I look forward with eager joy to receiving the Holy Habit of Our Lady and to a life of union with Love Divine.



Age 85:

90% of top quartile still alive;
only 34% of bottom qtl%

Age 94:

54% of top quartile still alive;
only 11% of bottom qtl%

The nuns who expressed more positive emotions lived, on average, **a decade longer** than their less cheerful peers.

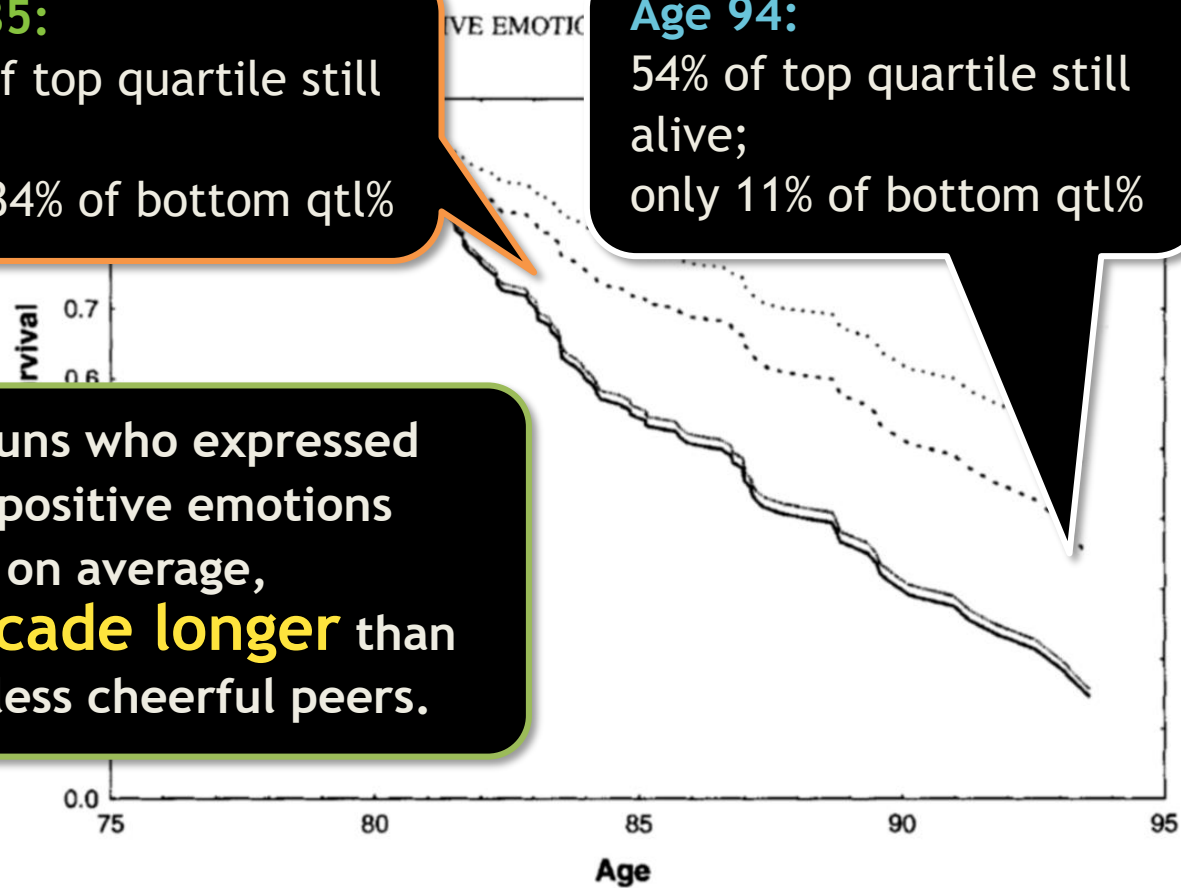


Figure 1. Quartile rankings of the number of positive emotion sentences in autobiographies written in early life and the probability of survival in late life for 180 participants in the Nun Study. (Note that the survival curves for Quartiles 1 and 2 are virtually overlaid on each other.)

writ
than
shee
edif
the





Joy

Gratitude



Serenity



Interest



Hope



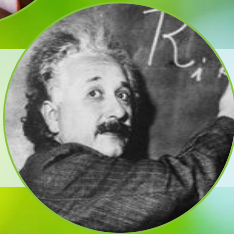
Pride



Amusement



Inspiration



Awe

Love





NIH Public Access

Author Manuscript

Motiv Emot. Author manuscript; available in PMC 2011 July 1.

Published in final edited form as:

Motiv Emot. 2000 December ; 24(4): 237–258.

The Undoing Effect of Positive Emotions

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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).

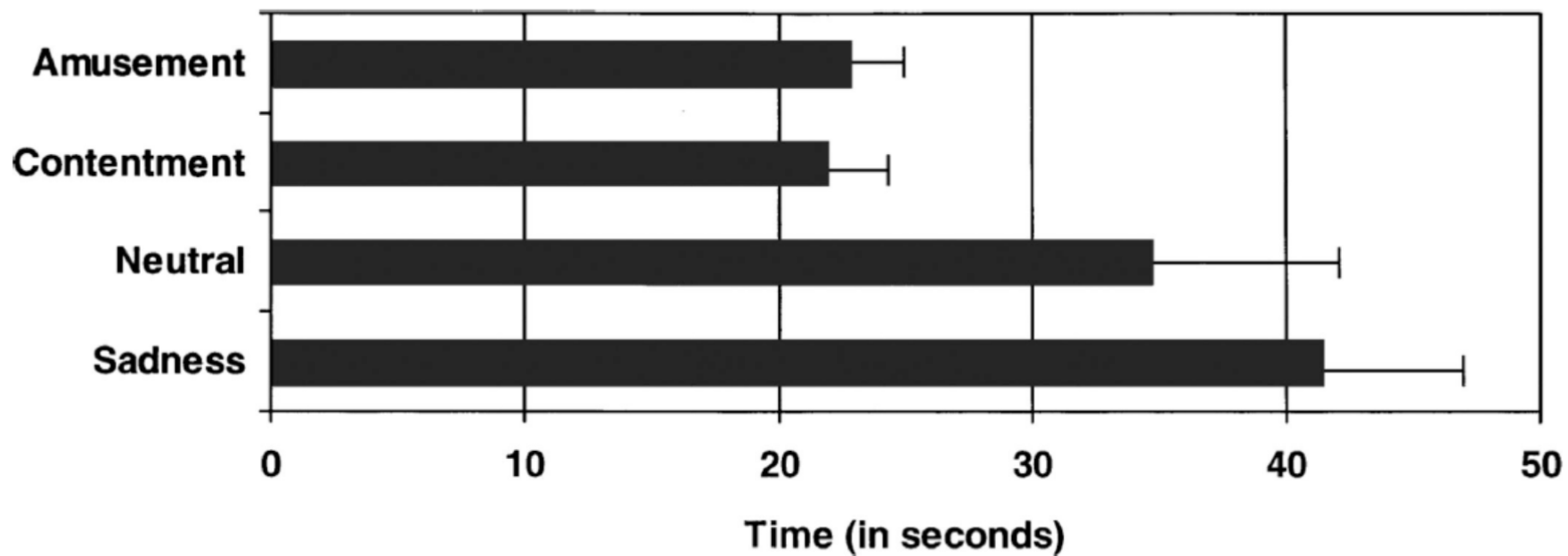


Fig. 1.
Mean duration of cardiovascular reactivity by Film Group in Sample 1 of Study 1. Error bars represent standard errors of the means.



Positive Emotions Recharge your Batteries...



Social Connection: Positivity in Stereo



Social Relationships and Mortality Risk: A Meta-analytic Review

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Abstract

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

Objectives: This meta-analysis examined how social relationships influence risk for mortality, which a

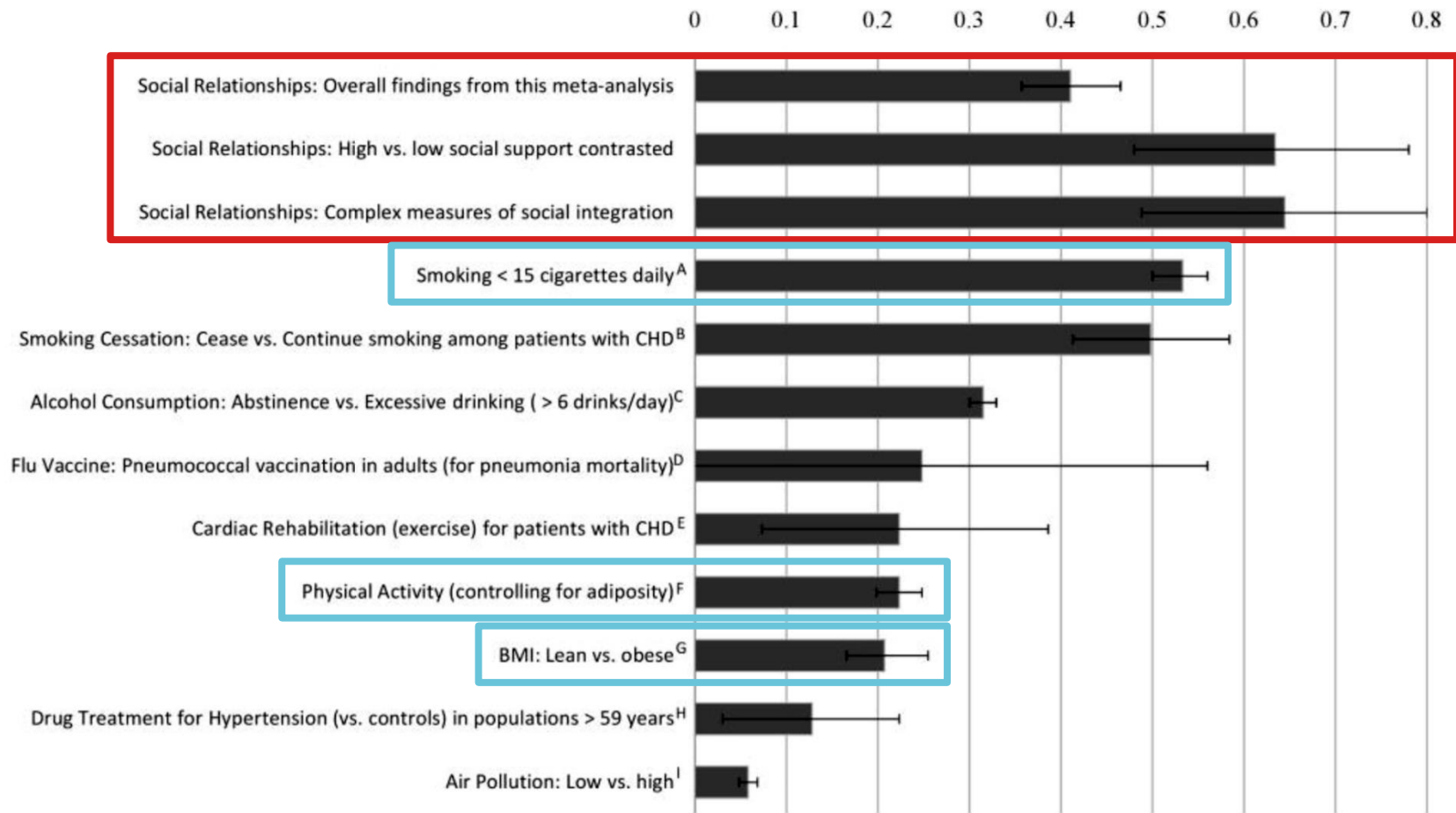
Data Extraction: Data were extracted from studies on study characteristics, including length of follow-up and type of assessment of social relationships.

Results: Across 148 studies (1,088,849 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).

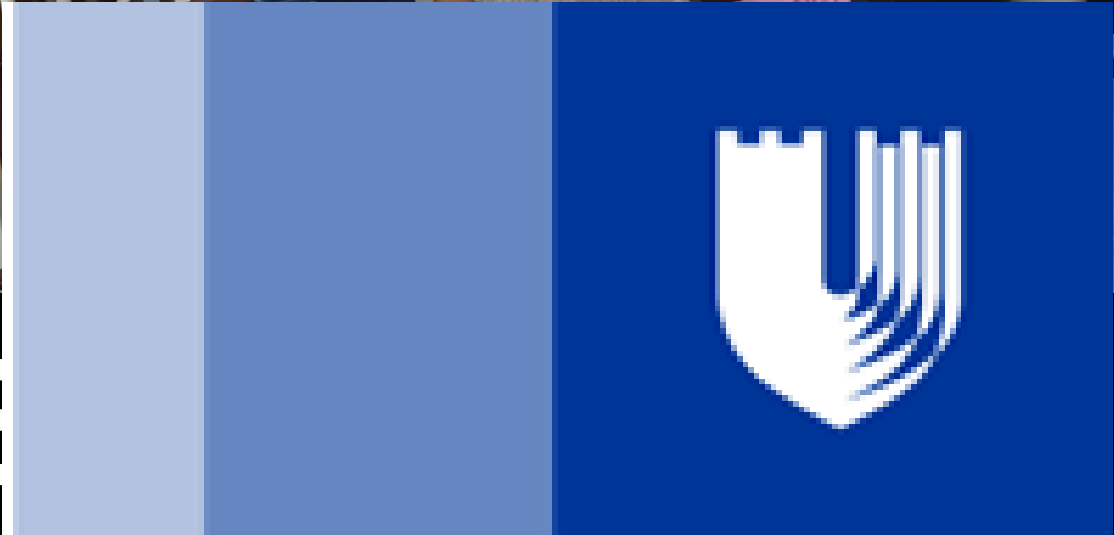
Conclusions: The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality.

50% increased chance of longevity for those with stronger relationships

Meaningful Connections Are a Health Behavior



I WANT YOU
TO DELETE
ME AS YOUR
FACEBOOK
FRIEND



4 a.m. Friend:

Is there someone in your life whom you would feel comfortable phoning at four in the morning to tell your troubles to?

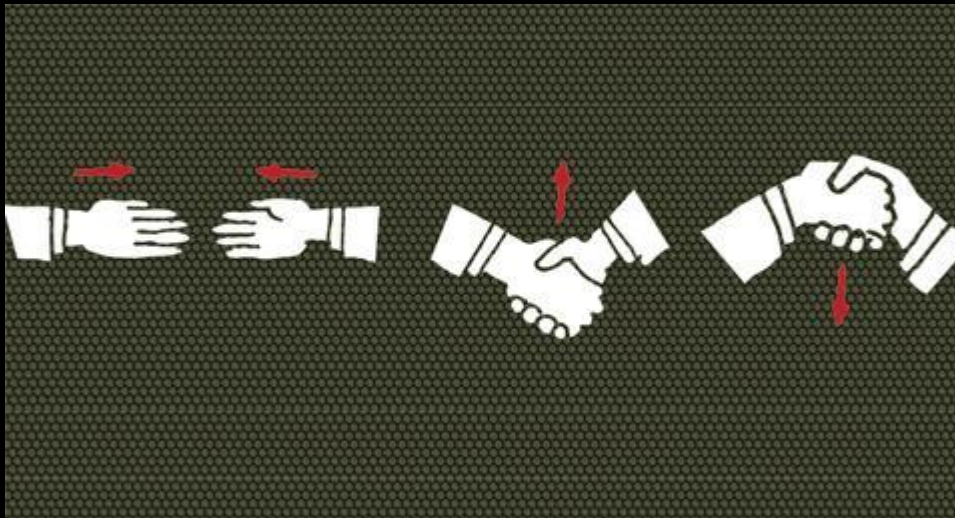
- If so, you are likely to live longer than those who say “no.” Discovered by George Vaillant (Harvard psychiatrist) and called the capacity to *be* loved.
- Conversely, loneliness is such a disabling condition that it suggests the pursuit of relationships is a fundamental to well-being.



Buddy Up



optimizing oxytocin and serotonin - which boost mood and promote bonding - hold a handshake for at least six seconds.



The background of the slide features two blue silhouettes of people in conversation. On the left, a person stands in profile, holding a microphone to their mouth as if speaking. On the right, another person stands with their back to the camera, also holding a microphone. The silhouettes are set against a light blue background.

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.**

Switch to Bs!

Three Good Things



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 were maintained across the 5 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)

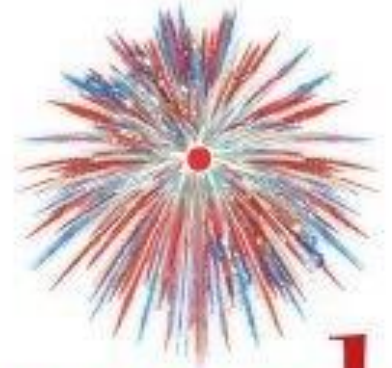
been treated as both basic and desirable aspects of human personality and social life. For example, gratitude is a highly prized human disposition in Jewish, Christian, Muslim, Buddhist, and



**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.

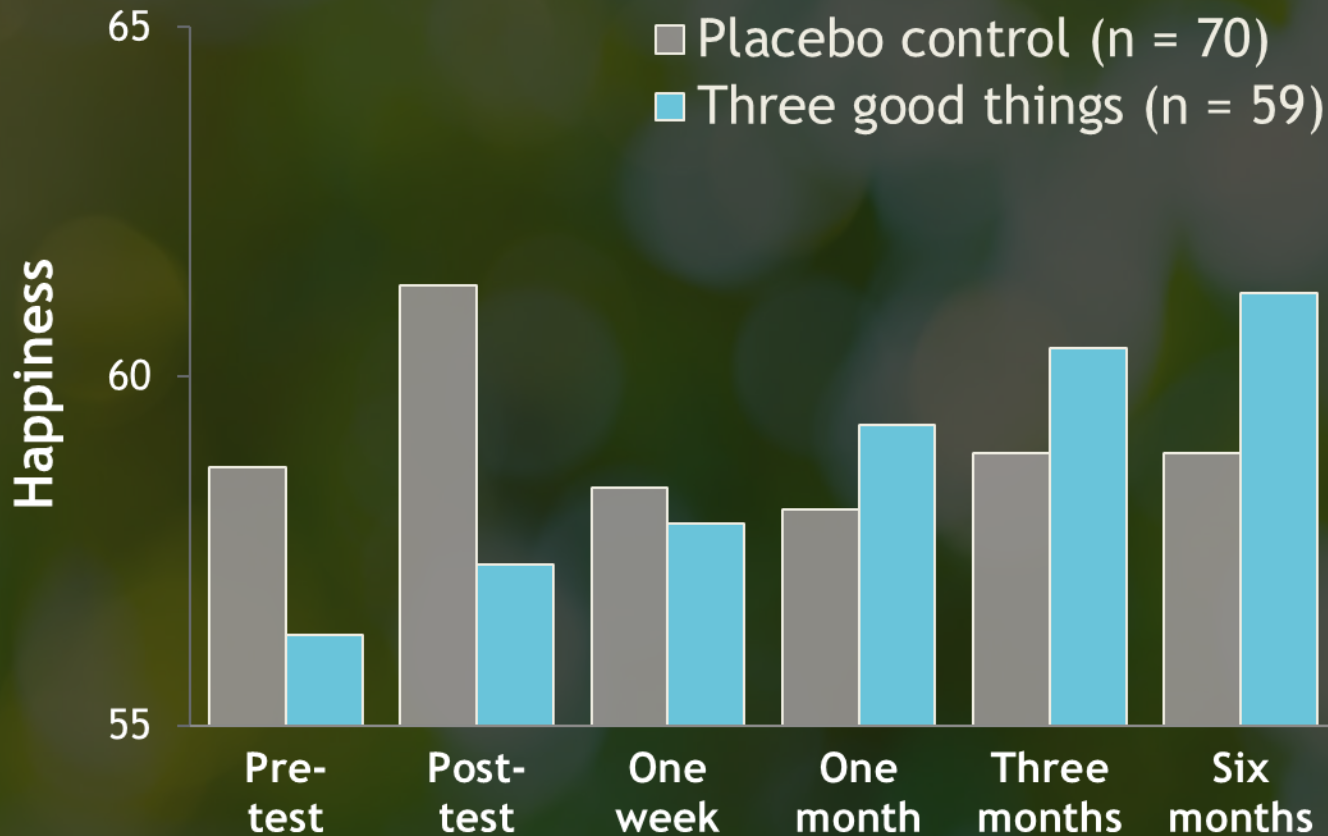
application (Linley & Joseph, 2004). Can psychologists take what they have learned about the science and practice of treating mental illness and use it to create a practice of making people lastingly happier? That is, can they create an evidence-based practice of positive psychology?

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.

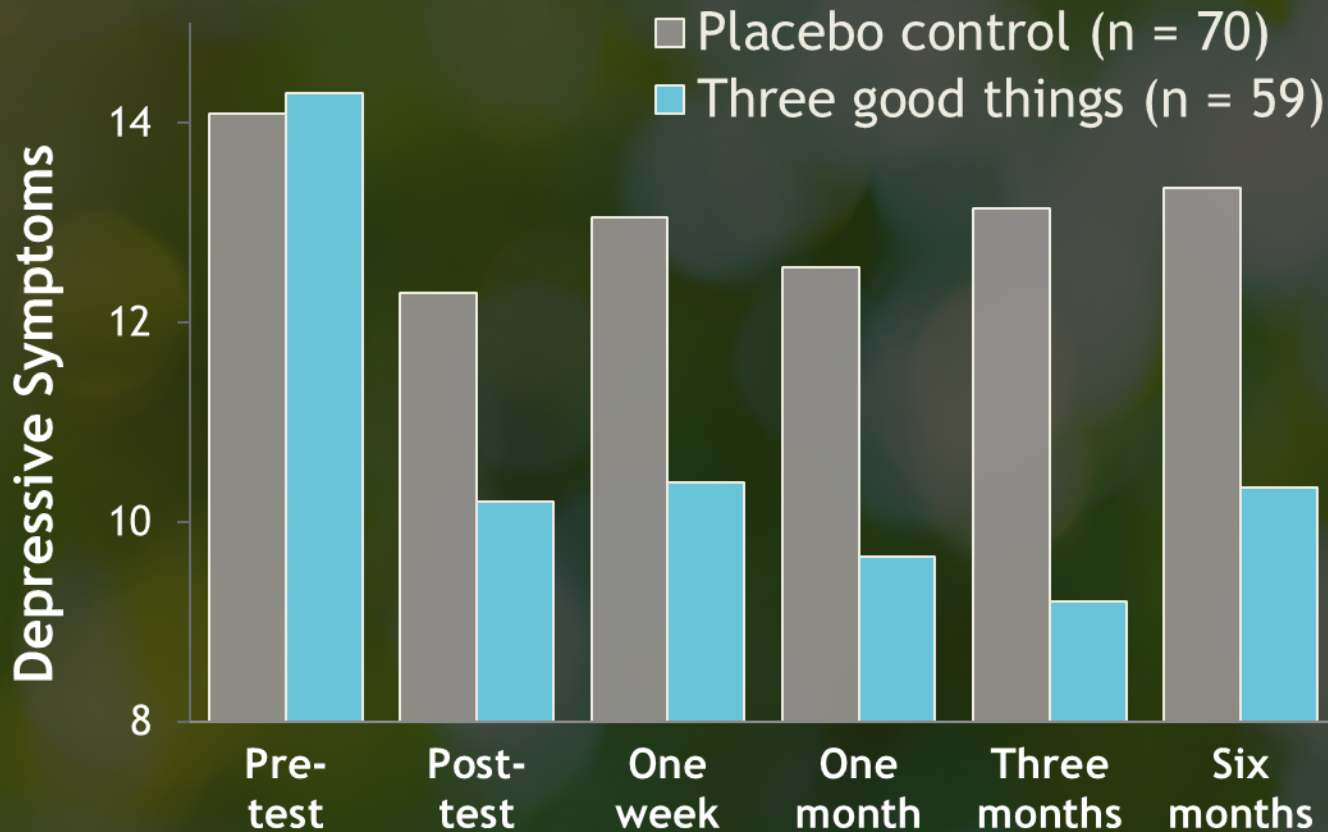
July–August 2005 • American Psychologist

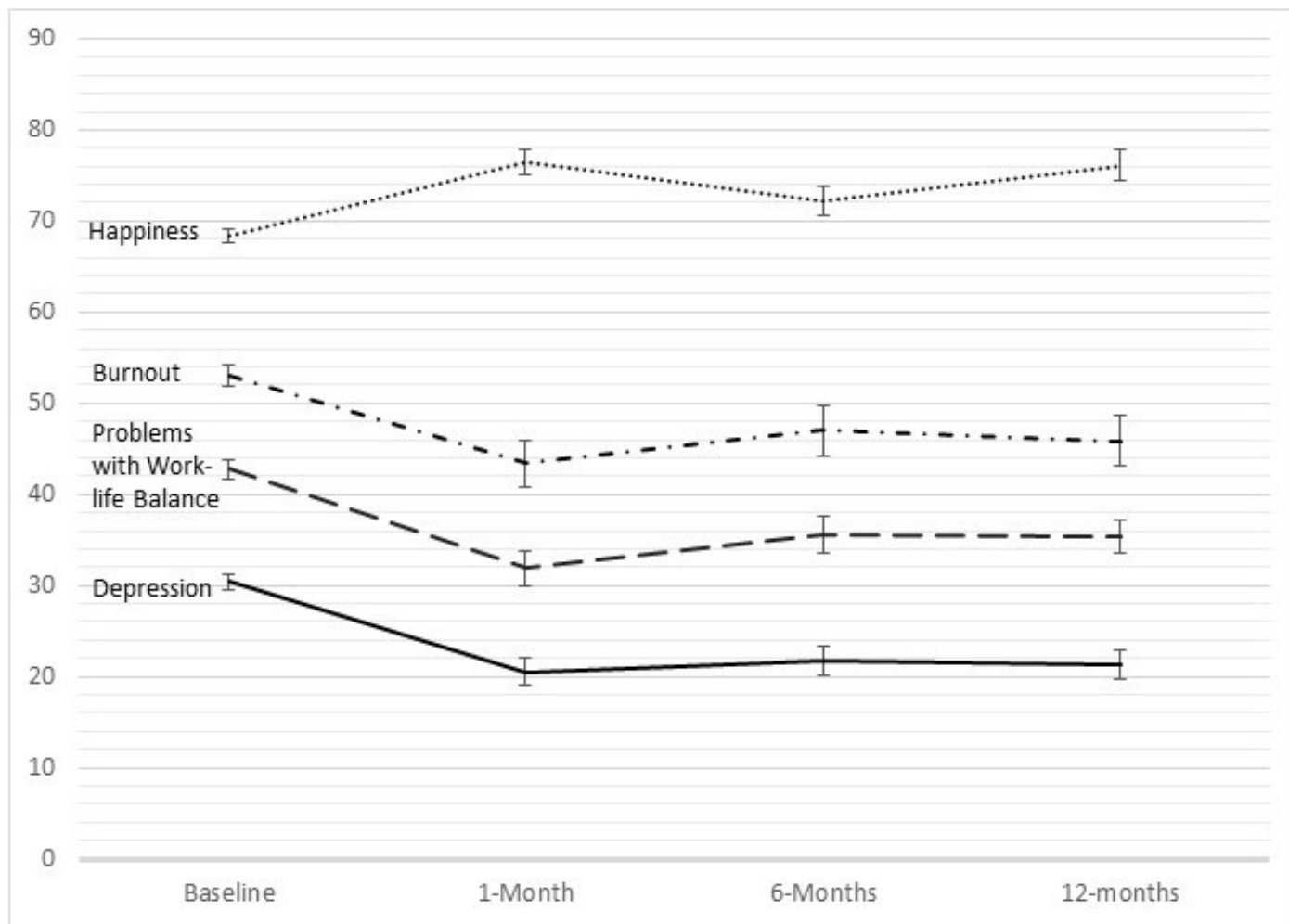
Copyright 2005 by the American Psychological Association 0003-066X/05/\$12.00
Vol. 60, No. 5, 410–421 DOI: 10.1037/0003-066X.60.5.410

Three Good Things



Three Good Things





To cite: Sexton JB, Adair KC. Forty-five good things: a prospective pilot study of the Three Good Things well-being intervention in the USA for healthcare worker emotional exhaustion, depression, work-life balance and happiness. *BMJ Open* 2019;0:e022695. doi:10.1136/bmjopen-2018-022695

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'Three Good Things' (3GI) intervention for HCWs, and added burn-out and work-life balance to the set of well-being metrics.

Methods 228 HCWs participated in a prospective, repeated measures study of a web-based 15-day long

and three postintervention follow-ups (1 month, 6 months and 12 months).
 ► Efficacy was assessed with four well-being measures: emotional exhaustion, depression symptoms, subjective happiness and work-life balance.



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

-- Barbara Fredrickson

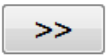
#1) We are hard-wired to remember the negative.



#3) With practice (by day 4 or 5)
#1) We are hard-wired to remember
#2) We are hard-wired to recall
reflecting on the positive leads
reviewed during the negative wakeful hours.
to noticing more positive.

[S] Three Good Things Exercise, Day 7:

	What went well today, and what was your role in making it happen.	Which one of the following positive emotions best fits how this good thing makes you feel.
Good Thing #1	<input type="text"/>	<input type="text"/>
Good Thing #2	<input type="text"/>	<input type="text"/>
Good Thing #3	<input type="text"/>	<input type="text"/>



www.dukepatientsafetycenter.com

Survey Powered By [Qualtrics](#)

[S] Three Good Things Exercise, Day 7:

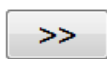
	What went well today, and what was your role in making it happen.	Which one of the following positive emotions best fits how this good thing makes you feel.
Good Thing #1	My 5 year old swam across the pool at the YMCA without any floaties for the first time today!	Pride
Good Thing #2	Watched as glorious pink/orange sunset behind the rolling hills where our leaves are changing colors - beautiful.	Awe
Good Thing #3	Made my wife laugh so hard her eyes watered, and so did mine.	Amusement



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- 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

For all the good things...

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

I LOVE MY NEW OFFICE DECORATIONS ü

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)!

Pt Safety conference re-emerged me

I love my Internship

Family Dinners outside with a great food - soft breezes & lots of laughter ü

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! Hamp 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!!

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

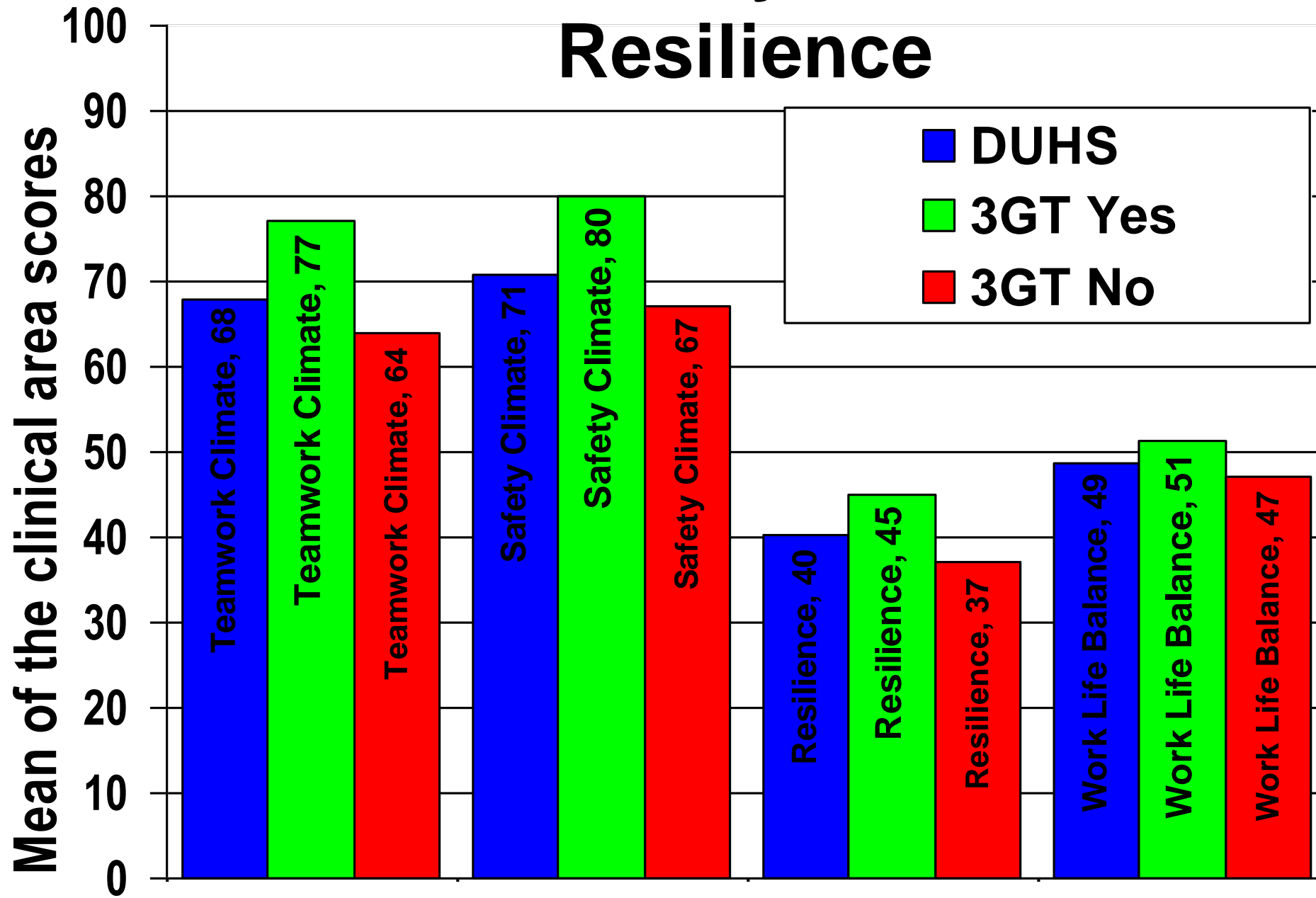
WORKING WITH MINIMAL INTERRUPTIONS

I made it out of bed

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

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

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



3:27



4G LTE 100%



73940
Mobile



3:12 PM

3 Good Things Day 1:
Start here.
<https://ql.tc/b/KH9Waq>
This is Day 1 of 15 total.
Enjoy!

+ Type a message...



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.)?:

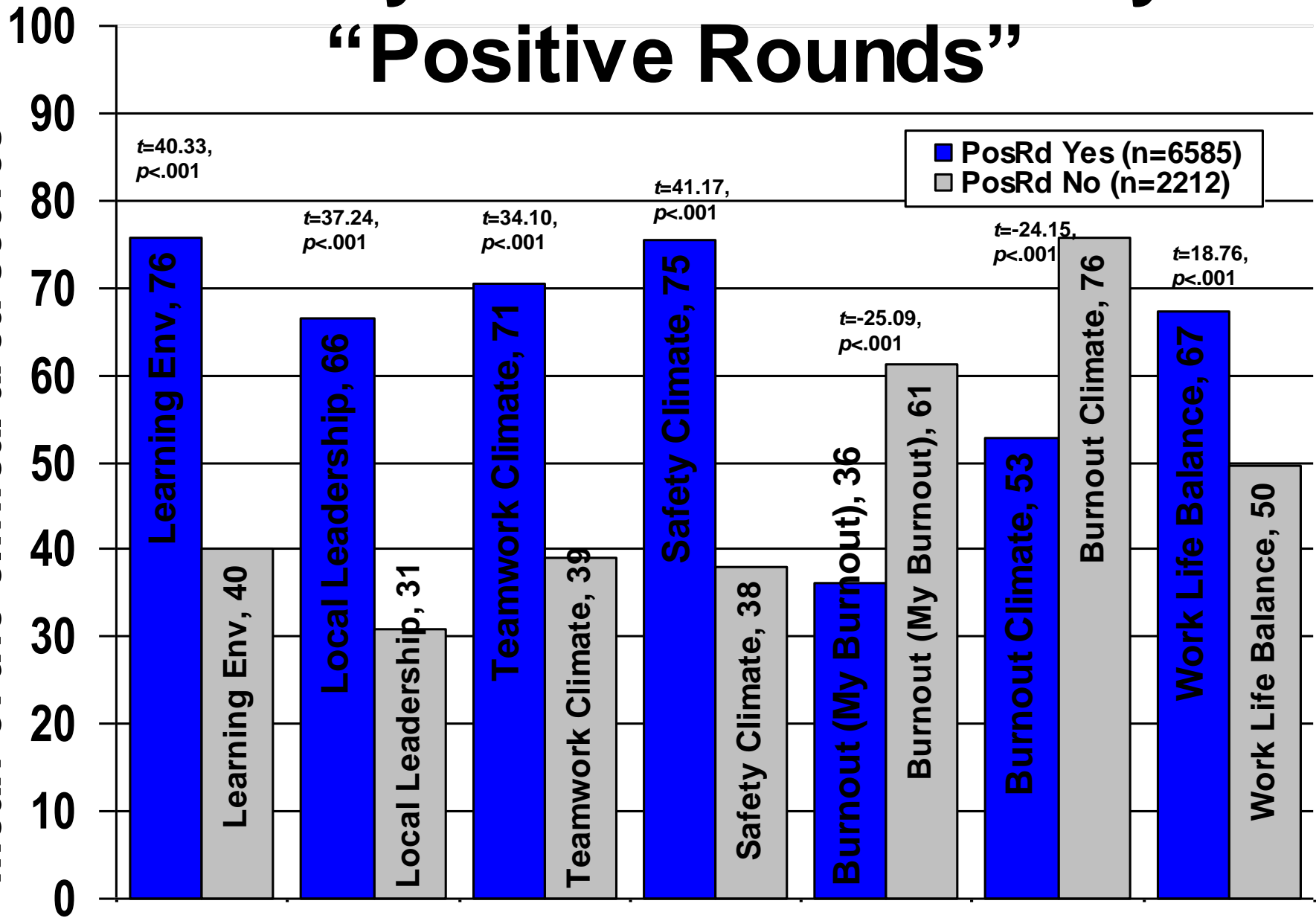
Yes / No / Not Sure

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 Sprt 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

Resources at DUHS

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

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

ZERO



Second Victim Committee at Duke

“this is soft and unworkable till we get some real numbers on this!”

Designed 4 items to go with our culture survey, each scored on a 5 point Likert scale from disagree strongly to agree strongly



36% I am aware of at least one colleague within my work setting who has been emotionally traumatized by an unanticipated clinical event.

Of those who report “agree,” only 24% say that individuals emotionally traumatized by an unanticipated clinical event within my work setting receive appropriate support from DUHS

60% say that their colleagues are NOT supported...

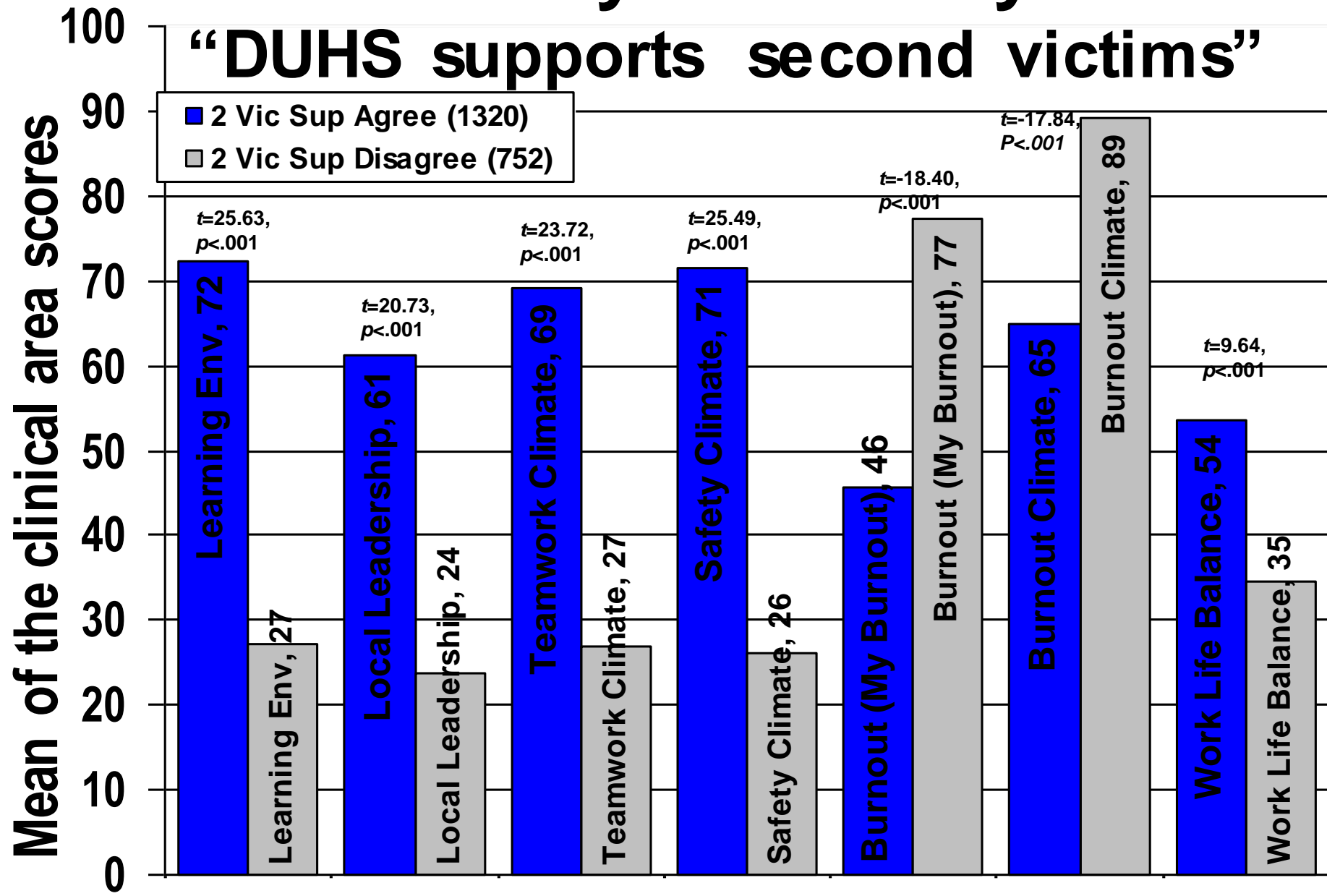


The difference between feeling supported vs. not supported after second victim event:

- 2 Vic Sup Agree (1320)
- 2 Vic Sup Disagree (752)

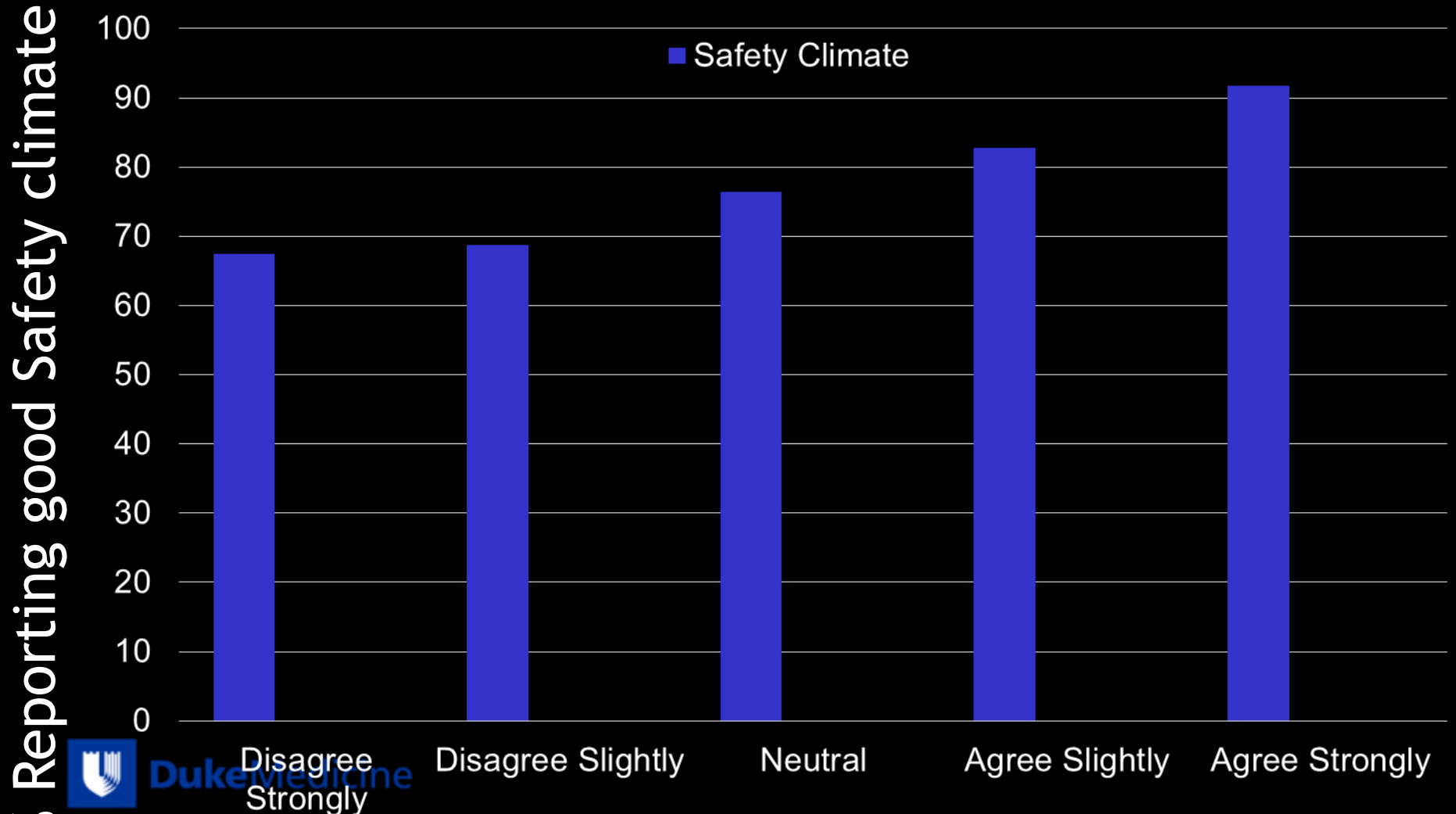
Safety Culture by

“DUHS supports second victims”



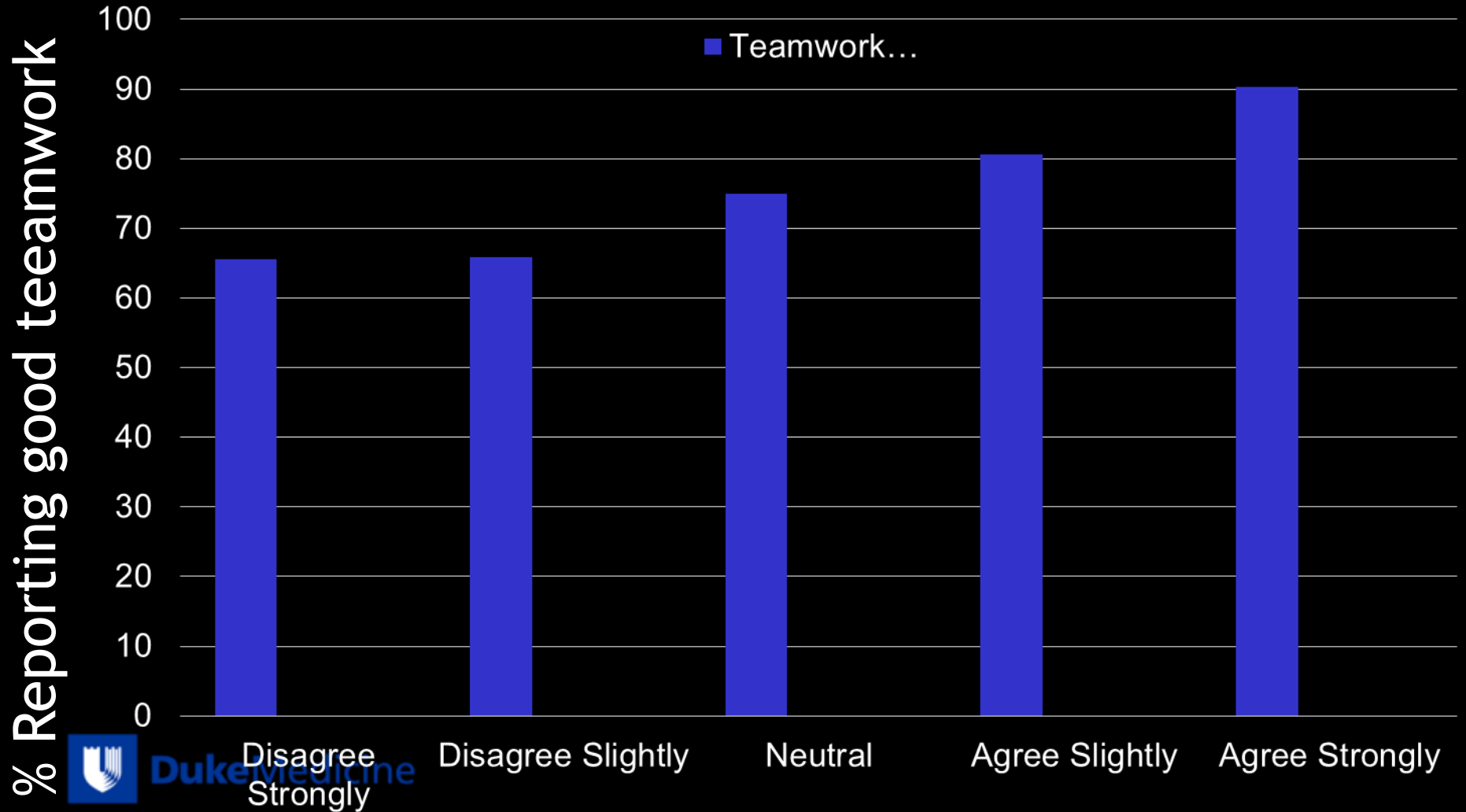


Safety Climate Scores by “Feeling Supported here agreement”



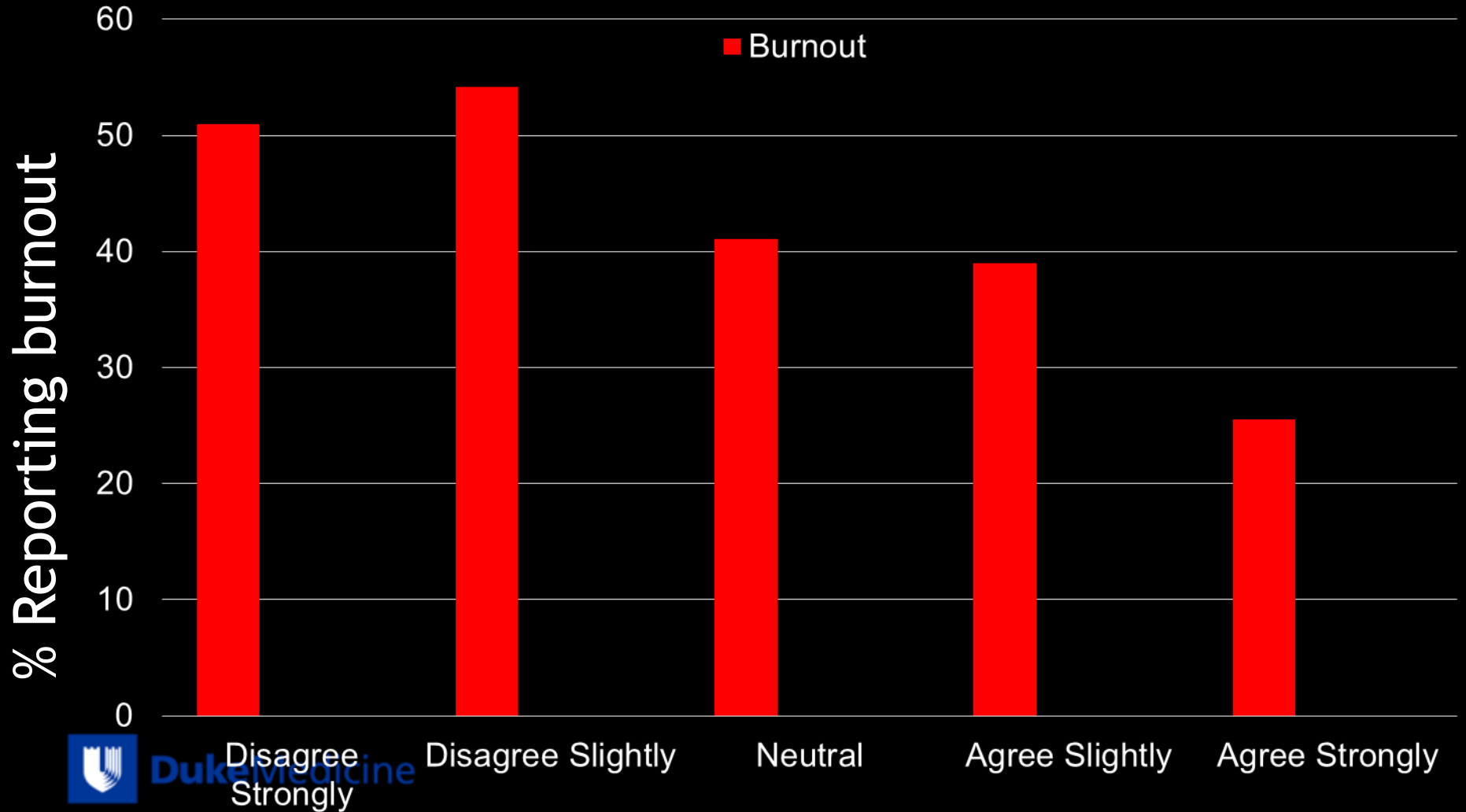


Teamwork Scores by “Feeling Supported here agreement”





Burnout Scores by “Feeling Supported here agreement”





Feeling Supported Clearly Predicts

- Burnout
- Teamwork
- Disruptive Behaviors
- Patient Safety Norms
- Just Culture
- Delays in Delivery of Care
- “Events at work affect me in an emotionally unhealthy way”
- Work-Life Balance (esp sleep)
- WalkRounds Participation





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/intttool
- 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

www.dukepatientsafetycenter.com

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
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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.

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