

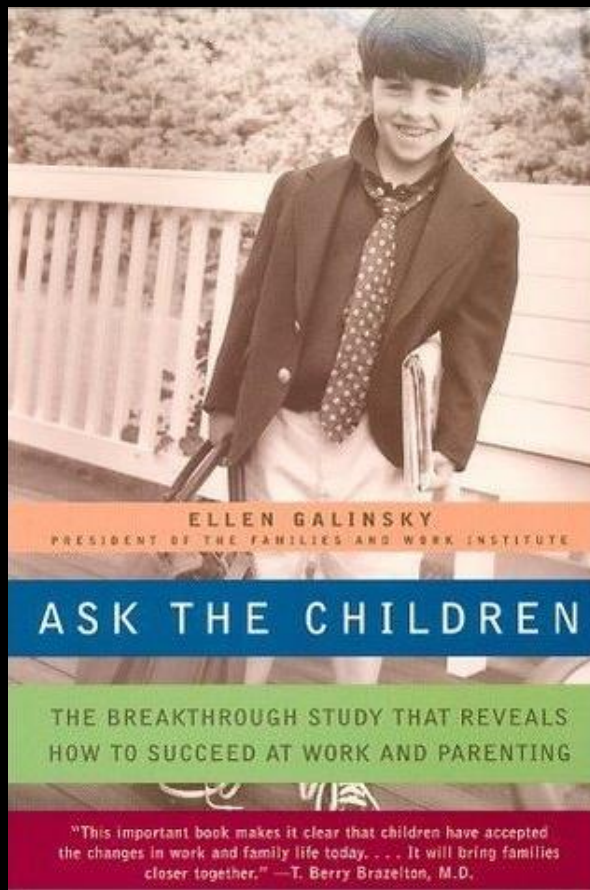
Thriving vs. Surviving: The Science of Enhancing Resilience

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

5-28-2020

twitter.com/dukehsq |
www.hsq.dukehealth.org





Ask the kids...

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

worried about parents

**wish parents were less stressed
and less tired**

National Study
of the Changing
Workforce





Examples

• Institutional Resources

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

• Resources for individuals:

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



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

Estimating the Attributable Cost of Physician Burnout in the United States

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

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

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

Design: Cost-consequence analysis using a mathematical model.

Setting: United States.

Participants: Simulated population of U.S. physicians.

Measurements: Model inputs were estimated by using the results of contemporary published research findings and industry reports.

Results: On a national scale, the conservative base-case model estimates that approximately \$4.6 billion in costs related to phy-

MD Burnout is expensive: \$4.6 billion

approximately \$7600 per employed physician each

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

Conclusion: Together with previous evidence that burnout can effectively be reduced with moderate levels of investment, these findings suggest substantial economic value for policy and organizational expenditures for burnout reduction programs for physicians.

Ann Intern Med. doi:10.7326/M18-1422

For author affiliations, see end of text.

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Annals.org

Original Investigation


April 16, 2019


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

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

» Author Affiliations

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

 Editorial
Comment

 Related
Articles

Key Points

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

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

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

Abstract

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

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

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



ORIGINAL RESEARCH

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

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

ABSTRACT

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

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

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

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

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

INTRODUCTION

Mental distress, such as stress and burn-out, is increasingly common in physicians, including general practitioners (GPs).^{1–3} Poor mental well-being and low job satisfaction may have significant negative implications for the provision of healthcare.^{4,5} Compared with physicians with good mental well-being and high job satisfaction, physicians with poor mental well-being and little job satisfaction report lower levels of job performance.^{5,6,9} This could reflect a negative self-image influenced by the mental health status rather than actual differences in performance.^{5,8–10} Few empirical studies have explored physician mental well-being and satisfaction in relation to objective rather than self-reported measures of healthcare performance.^{2,6}

In the Danish healthcare system, GPs play a pivotal role.¹¹ Nurses and other health professionals are listed with a GP in the practice, which then provides advice, treatment and handling of the patients' problems (which they must deal with on the same day). The GPs also act as gatekeepers to the rest of the healthcare system (except for life-threatening

Original research

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

GP well-being indicators (most favourable category as reference)	Hospitalisations for ACSCs (n=4835)		Hospitalisations for other conditions than ACSCs (n=36 706)	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*
	IRR (95% CI)	IRR (95% CI)		IRR (95% CI)
Excess ACSC-Hs associated with suboptimal GP well-being per 100 000 patients listed for 6 months†				
Emotional exhaustion, quartiles				
First (low)	1.00	1.00		
Second	1.11 (0.99 to 1.25)			
Third	1.12 (0.99 to 1.27)			
Fourth (high)	1.23 (1.09 to 1.39)			
Depersonalisation, quartiles				
First (low)	1.00	1.00		
Second	1.10 (0.97 to 1.24)			
Third	1.02 (0.90 to 1.16)			
Fourth (high)	1.17 (1.04 to 1.31)			
Personal accomplishment, quartiles				
First (high)	1.00	1.00		
Second	1.02 (0.90 to 1.16)			
Third	1.10 (0.99 to 1.22)			
Fourth (low)	1.19 (1.07 to 1.32)			
Composite burn-out score				
3–4 (low)	1.00	1.00		
5–6	1.12 (0.97 to 1.29)			
7–8	1.09 (0.95 to 1.25)			
9–10	1.17 (1.03 to 1.33)			
Job satisfaction, quartiles				
Fourth (high)	1.00	1.00		
Third	1.03 (0.91 to 1.16)			
Second	1.11 (0.99 to 1.24)			
First (low)	1.15 (1.02 to 1.29)			
Job perceived as unpleasantly stressful				
Never/rarely	1.00	1.00		
Sometimes	1.12 (1.00 to 1.26)			
Often/always	1.19 (1.07 to 1.32)			
Perceived stress, quartiles				
First (low)	1.00	1.00		
Second	1.00	1.00		
Third	1.00	1.00		
Fourth (high)	1.00	1.00		

†Number of ACSC-Hs × (adjusted IRR – 1) × 1000. ACSC-Hs, hospitalisations for ACSC/ACSCs.

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

Quick recap of burnout so far:

Expensive

Traditional countermeasures not working

Impact on clinical quality



ORIGINAL RESEARCH



OPEN ACCESS

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

burnout and dissatisfaction: a cross-

In the past week:

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

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³Duke Hospital Medicine Association, Duke University, Durham, North Carolina, USA

⁴Department of Pediatrics, Duke University Children's Hospital and Health Center, Durham, North Carolina, United States

⁵Stanford Medicine, Stanford

of WLI was introduced to measure work-life balance.

Objectives (1) Explore differences in WLI behaviours by role, specialty and other respondent demographics in a large healthcare system. (2) Evaluate the psychometric properties of the work-life climate scale, and the extent to which it acts like a climate, or group-level norm when used at the work setting level. (3) Explore associations between work-life climate and other healthcare climates

Rehder,⁴

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

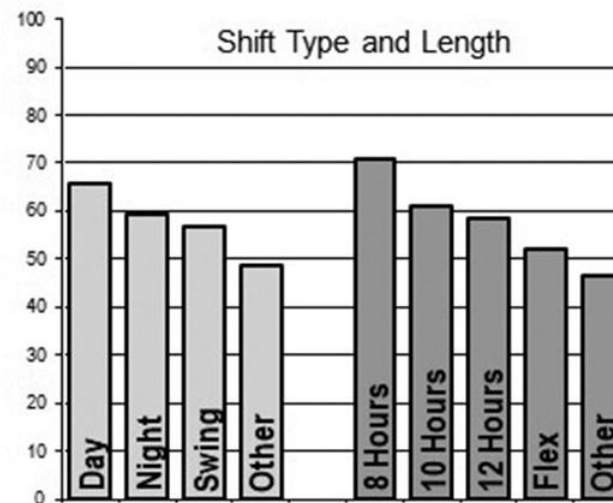
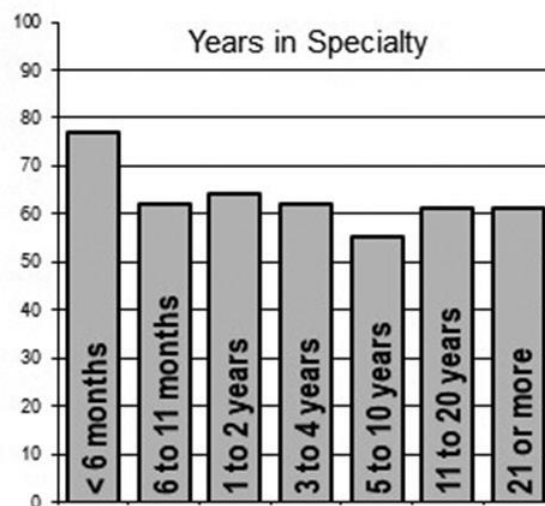


OPEN ACCESS

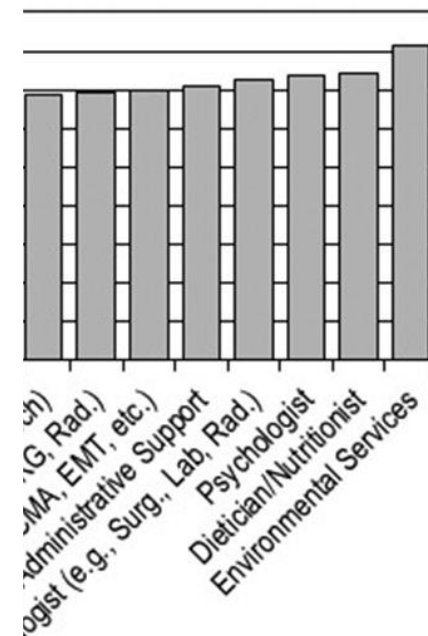
Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-

C.

% Reporting Good WLI



g Good WLI



Note: Healthcare workers with less than 6 months in specialty reported significantly better WLI compared to all other categories, which did not differ from each other. Day shifts workers reported significantly better WLI scores than all other shift types. Night and swing shift workers did not differ in WLI. The "Other" shift type reported worse WLI than all other types. 8-hour shift workers reported better WLI than all other lengths. 10-hour shifts and 12-hour shifts did not differ in WLI, and Flex and Other reported the poorest WLI compared to the other categories, but were not different from each other.



OPEN ACCESS

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

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

Score domain	1	2	3	4	5	6	7	8	9	10	11	12
1. Improvement readiness	0.92, 0.16											
2. Local leadership	0.74	0.94, 0.17										
3. Teamwork climate	0.67	0.57	0.82, 0.19									
4. Safety climate	0.80	0.75	0.73	0.87, 0.17								
5. Personal burnout	-0.619	-0.59	-0.58	-0.64	0.92, 0.15							
6. Burnout climate	-0.62	-0.55	-0.67	-0.67	0.80	0.90, 0.26						
7. Advancement	0.39	0.35	0.34	0.40	-0.28	-0.27	0.89, 0.14					
8. Growth opportunities	0.70	0.62	0.58	0.71	-0.56	-0.56	0.49	0.92, 0.10				
9. Job uncertainty	-0.29	-0.30	-0.19	-0.27	0.33	0.29	-0.13	-0.30	0.88, 0.08			
10. Participation in decision-making	0.70	0.67	0.56	0.75	-0.61	-0.60	0.45	0.70	-0.29	0.88, 0.13		
11. Work-life climate	0.33	0.28	0.35	0.38	-0.51	-0.53	0.09	0.23	-0.23	0.31	0.82, 0.11	
12. Workload	-0.24	-0.26	-0.28	-0.27	0.56	0.53	-0.04	-0.20	0.15	-0.27	-0.50	0.84, 0.12

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





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

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5. Personal burnout	-0.619	-0.59	-0.58	-0.64	0.92, 0.15							
6. Burnout climate	-0.62	-0.55	-0.67	-0.67	0.80	0.90, 0.26						
7. Advancement	0.39	0.35	0.34	0.40	-0.28	-0.27	0.89, 0.14					
8. Growth opportunities	0.70	0.62	0.58	0.71	-0.56	-0.56	0.49	0.92, 0.10				
9. Job uncertainty	-0.29	-0.30	-0.19	-0.27	0.33	0.29						
10. Participation in decision-making	0.70	0.67	0.56	0.75	-0.61	-0.60						
11. Work-life climate	0.33	0.28	0.35	0.38	-0.51	-0.53	0.09	0.23	-0.23	0.31	0.82, 0.11	
12. Workload	-0.24	-0.26	-0.28	-0.27	0.56	0.53	-0.04	-0.20	0.15	-0.27	-0.50	0.84, 0.12

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

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

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

Short Report

Having a Happy Spouse With Lowered Mortality



Olga Stavrova 
Department of Social Psychology, T

Abstract

Studies have shown that in-
dividuals with higher life
satisfaction to their career suc-
cess are more likely to live
to the ultimate life outcome
($N = 4,374$) followed for up
to 10 years. This study was
associated with a 13% lower
mortality risk (e.g., household income), be-
cause analyses pointed toward pa-
tients whose spouses reported
life satisfaction has not only in-
creased in epidemiology, positive psychol-

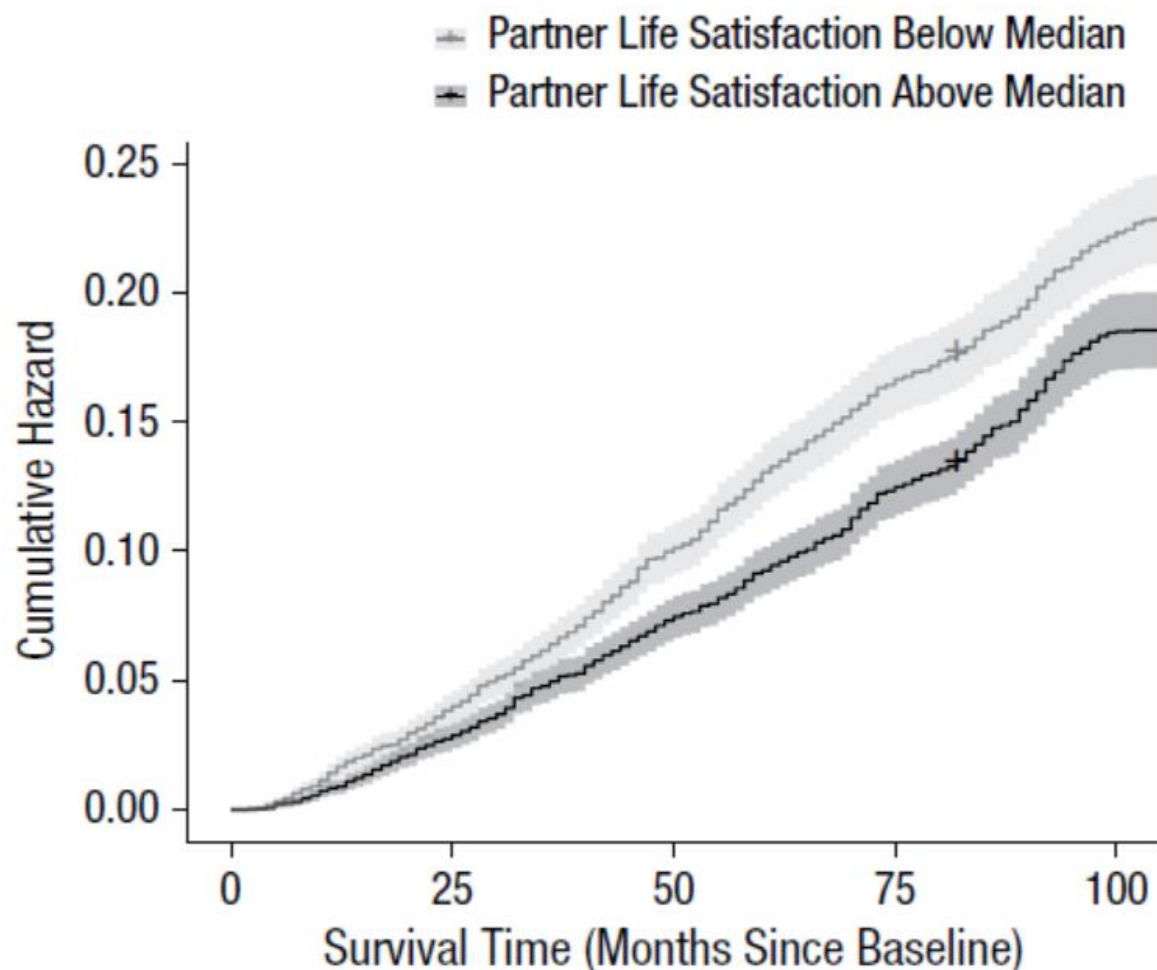


Fig. 1. Cumulative hazard of death (including 95% confidence bands) during the observation period. Results are shown separately for individuals whose spouses reported life satisfaction below the median at baseline and those whose spouses reported life satisfaction above the median at baseline.

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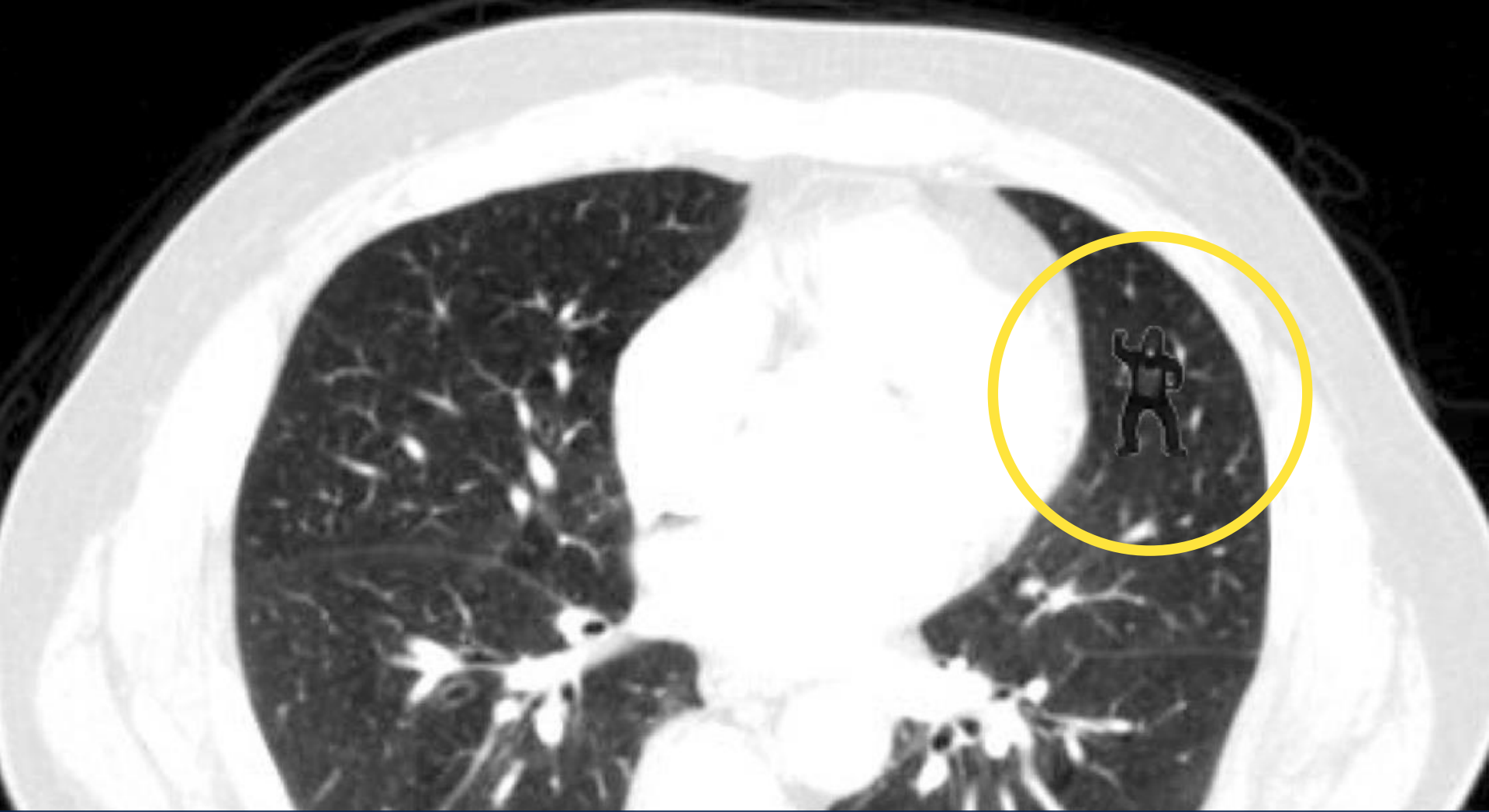


Psychology of Burnout
Your focus and reflections
determine your reality

Psychology of Burnout

Your **focus**
determines your
reality





Notice anything unusual about this lung scan?

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

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

Renzo Bianchi · Eric Laurent

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

Abstract Whether emotional information processing is affected in burnout is unclear. The aim of this study was to investigate the involvement of the burnout syndrome in emotional 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 a state of chronic fatigue and helplessness; it reflects the worker's experience of 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



DEADLINE



Analogy:

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



twitter



Psychological Language on Twitter Predicts County-Level Heart Disease Mortality



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

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

Psychological Science

1–11

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Twitter Topics Negatively Correlated With County-Level AHD Mortality

Skilled
Occupations

skills
development
information
design
marketing
management
process
research
communication
business
learning
technology
engineering
education
analysis

$r = -.14$

company
entertainment
services
provide
customer
public
announcement
suggestions
community
customers
center
enemy
charity
rep
service

$r = -.17$

students
group
leadership
attend
conference
council
board
meeting
meetings
youth
student
staff
center
members
convention

$r = -.17$

Positive
Experiences

changing
wonderful
experienced
judgment
journey
enjoyable
judgement
experiences
exciting
learning
painful
pleasant
experience
share
bound

$r = -.14$

wonderful
friends
food
lots
great
drinks
conversation
excellent
dinner
company
good
evening
enjoyed
laughs
wine

$r = -.15$

fabulous
hope
fab
safe
fantastic
holiday
wonderful
peeps
enjoyed
weekend
hopes
enjoy
great
awesome
tgif

$r = -.15$

Optimism

opportunity
possibilities
talents
opportunities
discover
possibility
challenge
improve
experience
create
endless
potential
ability
explore

$r = -.12$

reached
reaching
dreams
perfection
accomplish
achieve
goals
greatness
strive
goal
achieved
potential
reach
set
success

$r = -.13$

power
strong
overcome
struggles
courage
struggle
greater
strength
challenges
faith
peace
obstacles
trials
stronger
endure

$r = -.13$

AI

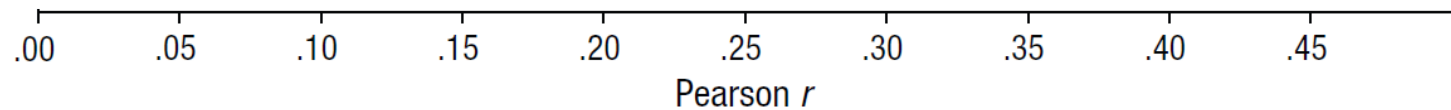


Fig. 2. Performance of models predicting age-adjusted mortality from atherosclerotic heart disease (AHD). For each model, the graph shows the correlation between predicted mortality and actual mortality reported by the Centers for Disease Control and Prevention. Predictions were based on Twitter language,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

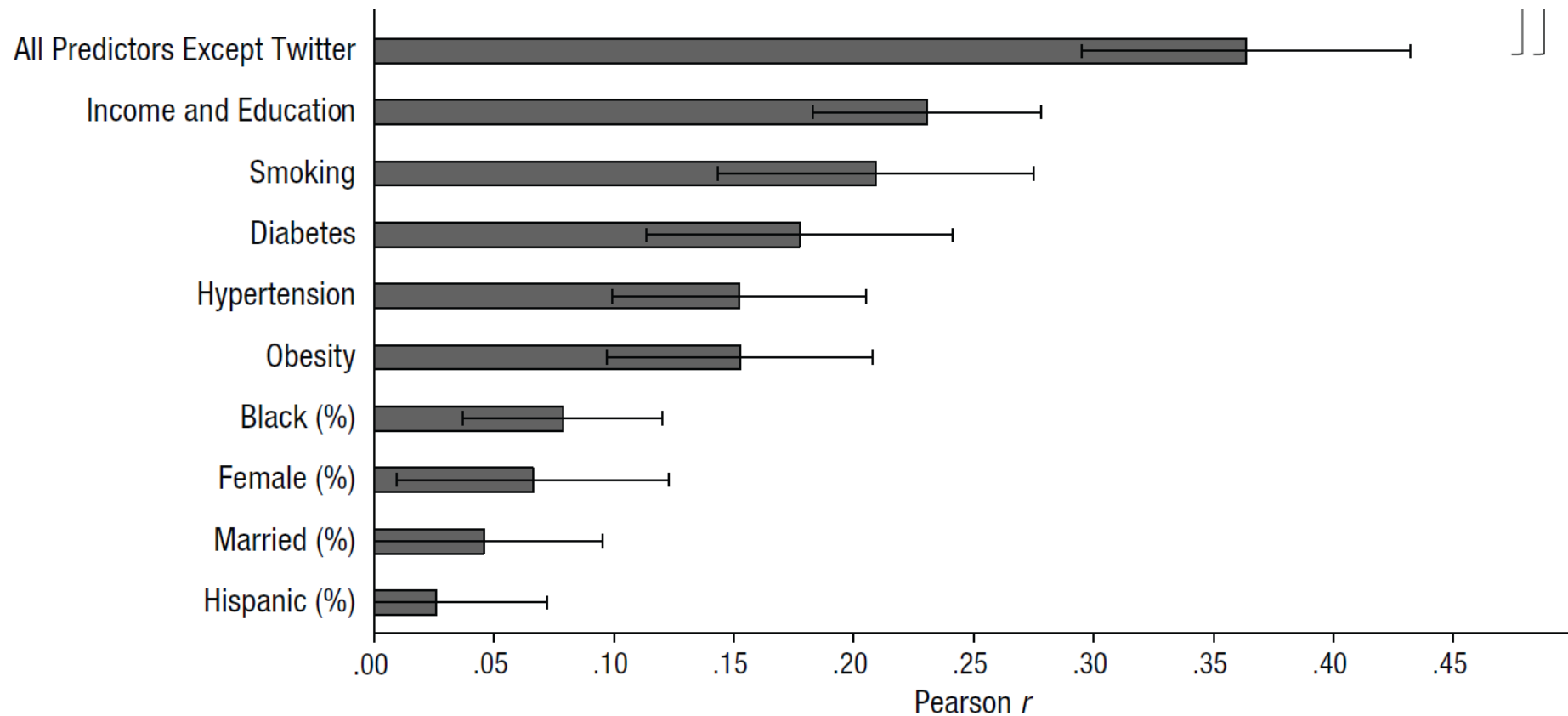


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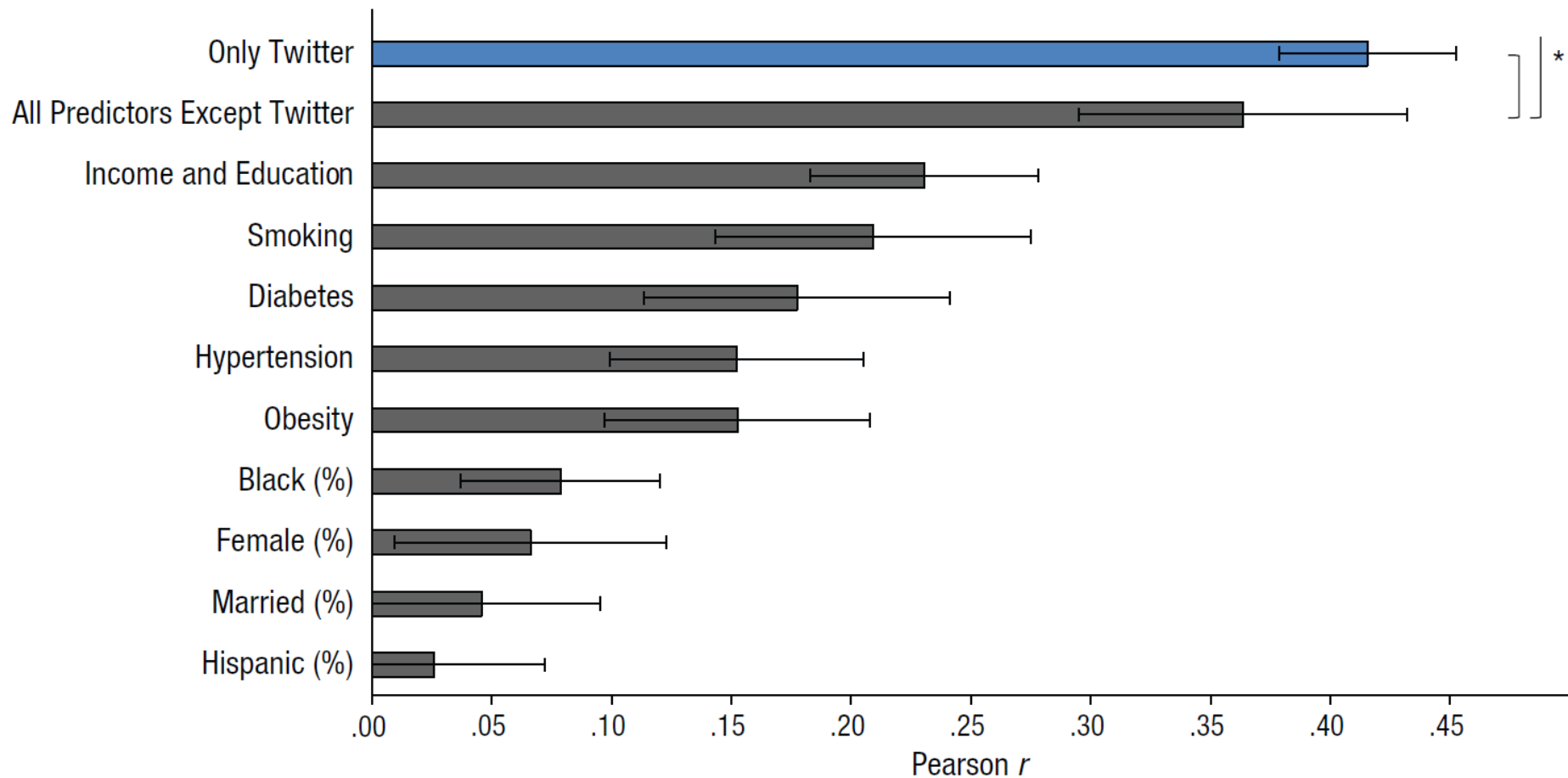


Fig. 2. Performance of models predicting age-adjusted mortality from atherosclerotic heart disease (AHD). For each model, the graph shows the correlation between predicted mortality and actual mortality reported by the Centers for Disease Control and Prevention. Predictions were based on Twitter language,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

CDC-Reported AHD Mortality

Twitter-Predicted AHD Mortality

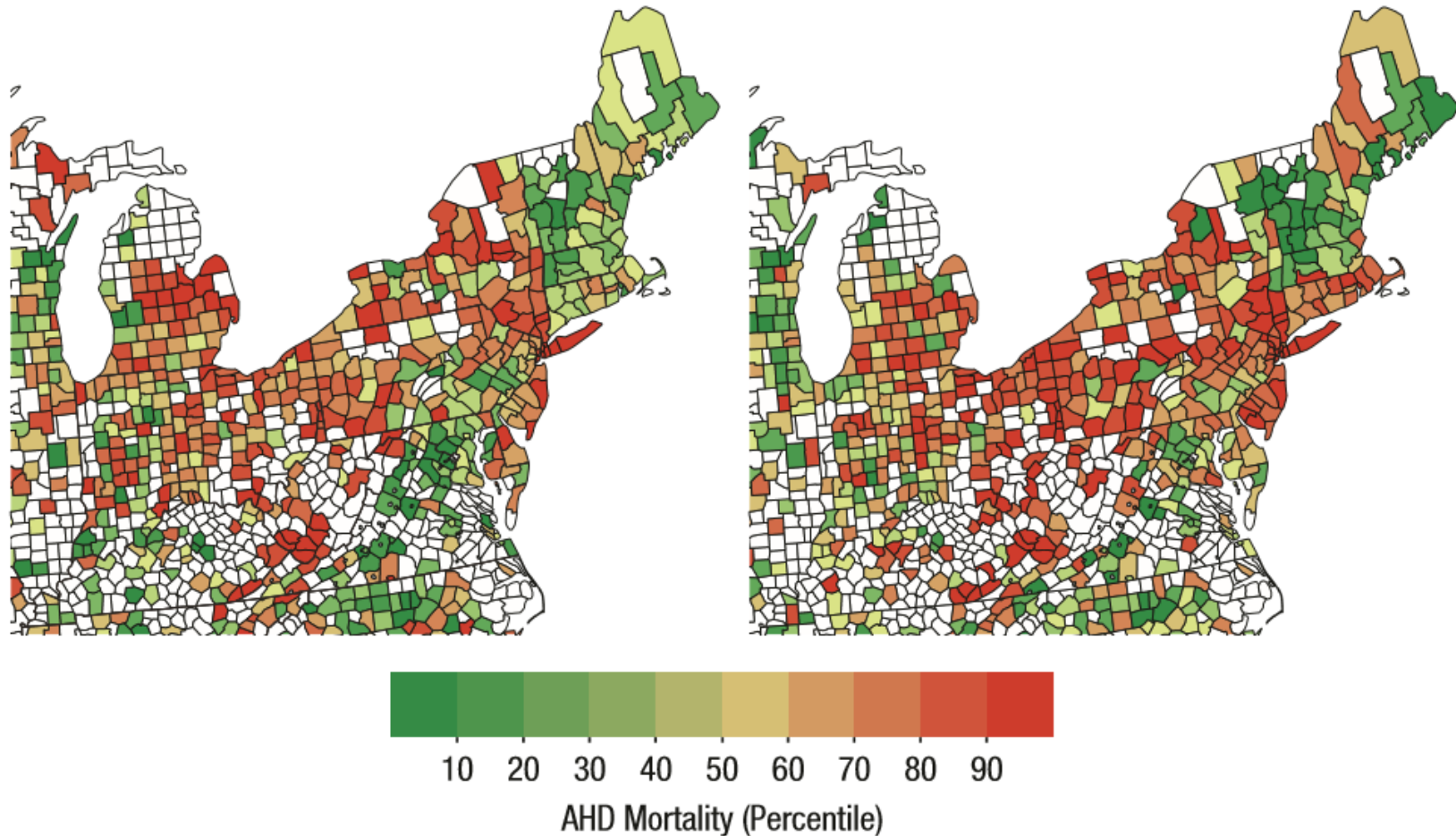


Fig. 3. Map of counties in the northeastern United States showing age-adjusted mortality from atherosclerotic heart disease (AHD) as reported by the Centers for Disease Control and Prevention (CDC; left) and as estimated through the Twitter-language-only prediction model (right). The out-of-sample predictions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

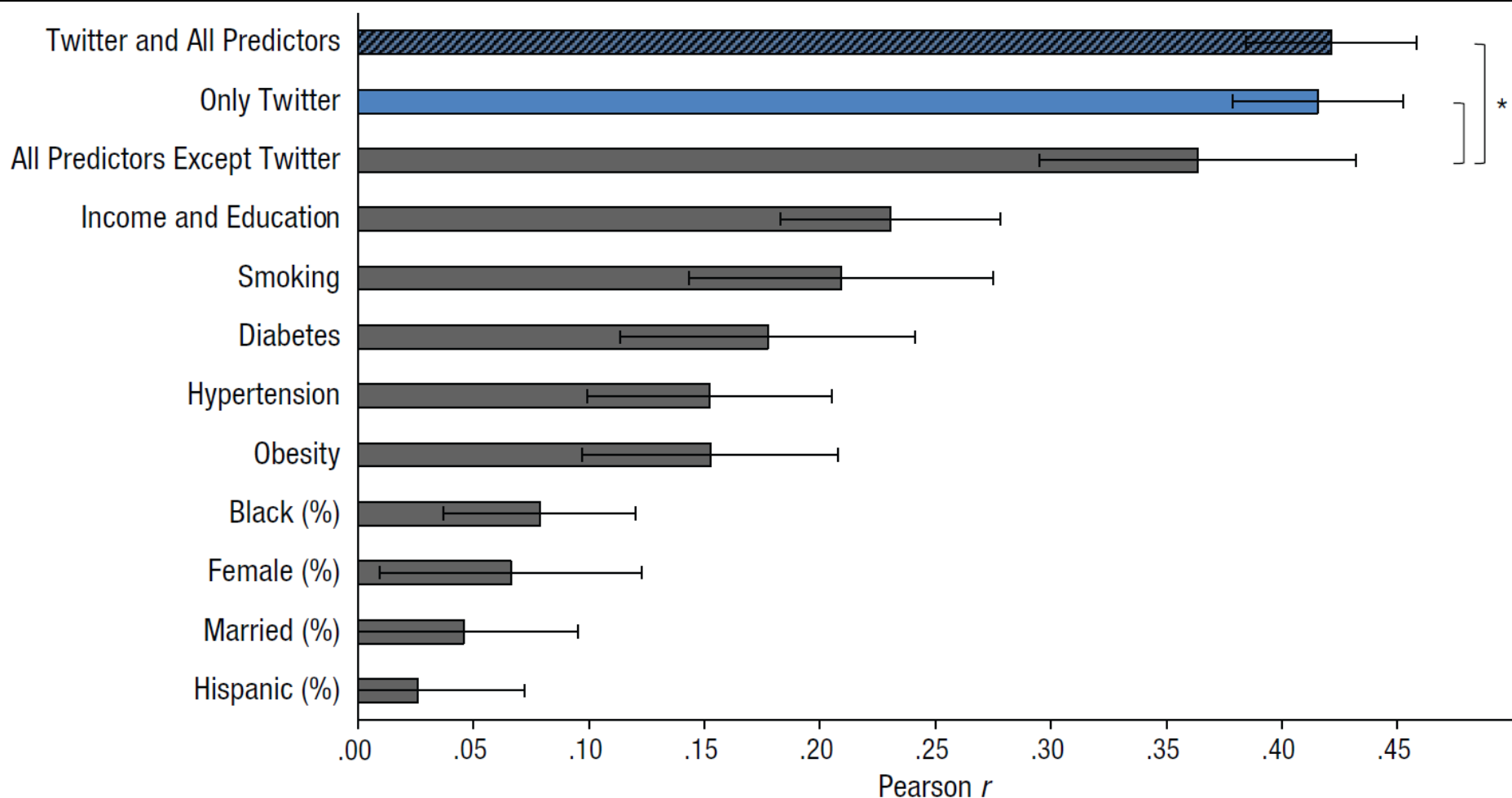


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Healthcare Safety and
Quality**

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📍 Durham, NC

🔗 hsq.dukehealth.org

📅 Joined January 2019

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courses and tools, connect with
us on Twitter**



 **@JBryanSexton1**

Burnout is associated with:

Lower Patient Satisfaction

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

Infections

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



Medication Errors

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



Higher Standardized Mortality Ratios

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



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



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





Joy

Gratitude



Serenity



Interest



Hope



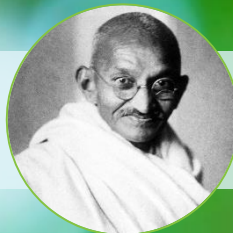
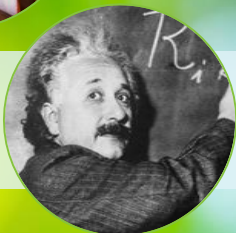
Pride



Amusement



Inspiration



Awe

Love





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

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The Undoing Effect of Positive Emotions

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Abstract

Positive emotions are hypothesized to undo the cardiovascular aftereffects of negative emotions. Study 1 tests this undoing effect. Participants ($n = 170$) experiencing anxiety-induced cardiovascular reactivity viewed a film that elicited (a) contentment, (b) amusement, (c) neutrality, or (d) sadness. Contentment-eliciting and amusing films produced faster cardiovascular recovery than neutral or sad films did. Participants in Study 2 ($n = 185$) viewed these same films following a neutral state. Results disconfirm the alternative explanation that the undoing effect reflects a simple replacement process. Findings are contextualized by Fredrickson's broaden-and-build theory of positive emotions (B. L. Fredrickson, 1998).



MEANING
AND
PURPOSE

Through Positive
Emotions...

Positive Emotions
Recharge your
Batteries...



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



Three Good Things



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

The effect of a grateful outlook on psychological and physical well-being was examined. In Studies 1 and 2, participants were randomly assigned to 1 of 3 experimental conditions (hassles, gratitude listing, and either neutral life events or social comparison); they then kept weekly (Study 1) or daily (Study 2) records of their moods, coping behaviors, health behaviors, physical symptoms, and overall life appraisals. In a 3rd study, persons with neuromuscular disease were randomly assigned to either the gratitude condition or to a control condition. The gratitude-outlook groups exhibited heightened well-being across 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.

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)

The construct of gratitude has inspired considerable interest in the general public. The prevalence of books targeted to general audiences on the topic (Breathnach, 1996; Hay, 1996; Miller, 1995; P. . . . 1999; Smith, H. D. . . . 1994; T. . . . 1999; W. . . . 1999)

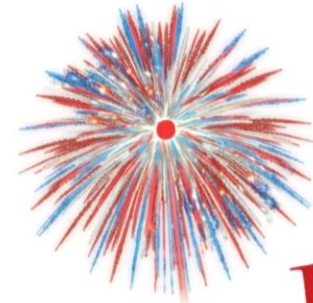
been treated as both basic and desirable aspects of human personality and social life. For example, gratitude is a highly prized human disposition in Jewish, Christian, Muslim, Buddhist, and Hindu thought (Carman & Streng, 1989). Indeed, the consensus among the world's religious and ethical writers is that people are morally obligated to feel and express gratitude in response to received benefits. Despite such widespread exhortations, the con-

Three Good Things



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

**A Visionary New Understanding
of Happiness and Well-being**



Flourish

MARTIN E.P.
SELIGMAN

BESTSELLING AUTHOR OF
AUTHENTIC HAPPINESS

Positive Psychology Progress

Empirical Validation of Interventions

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

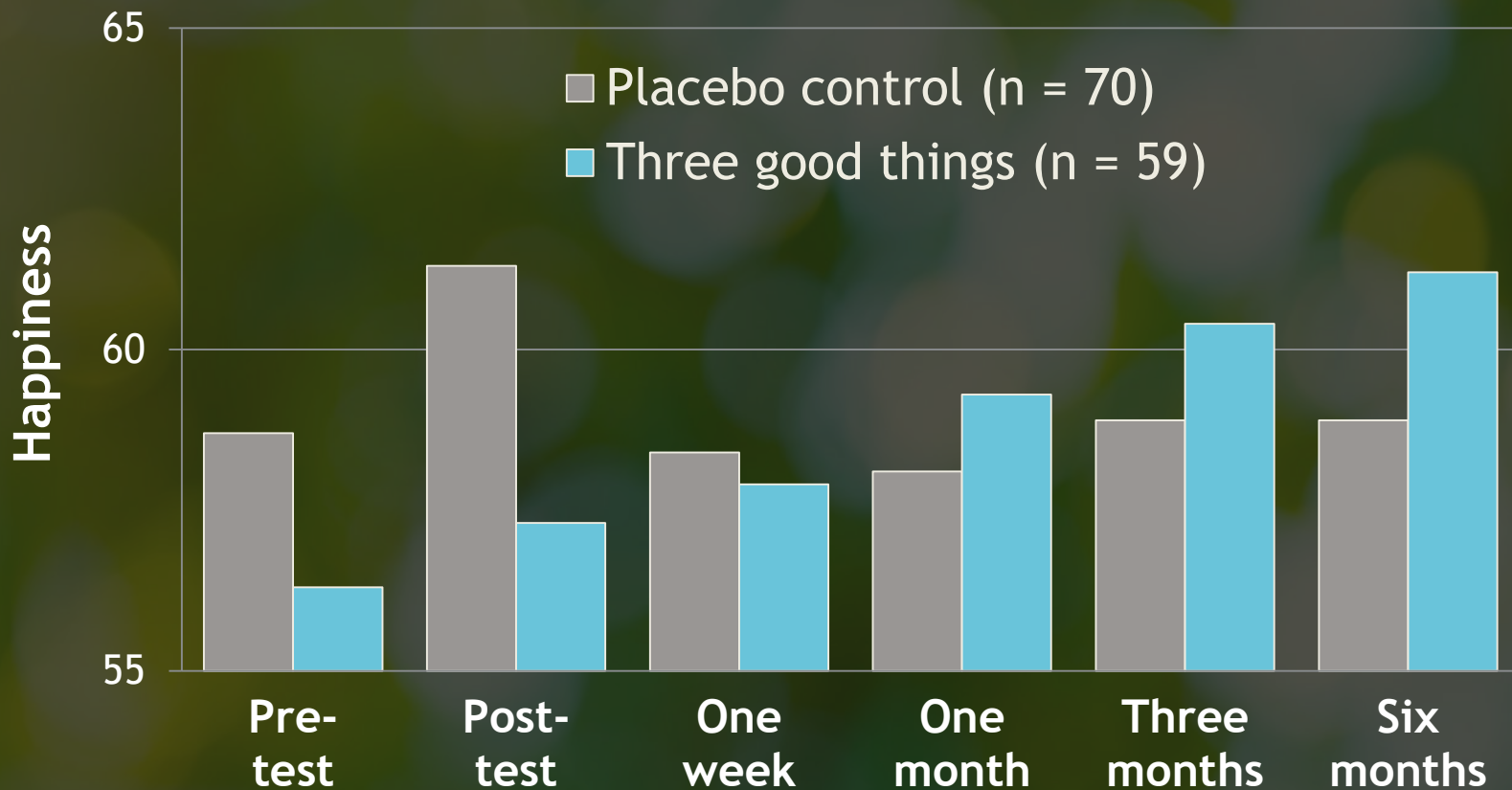
University of Pennsylvania
University of Rhode Island
University of Michigan

Positive psychology has flourished in the last 5 years. The authors review recent developments in the field, including books, meetings, courses, and conferences. They also discuss the newly created classification of character strengths and virtues, a positive complement to the various editions of the Diagnostic and Statistical Manual of Mental Disorders (e. g., American Psychiatric Association, 1994), and present some cross-cultural findings that suggest a surprising ubiquity of strengths and virtues. Finally, the authors focus on psychological interventions that increase individual happiness. In a 6-group, random-assignment, placebo-controlled Internet study, the authors tested 5 purported happiness interventions and 1 plausible control exercise. They found that 3 of the interventions lastingly increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions that relieve suffering and may someday be the practical legacy of positive psychology.

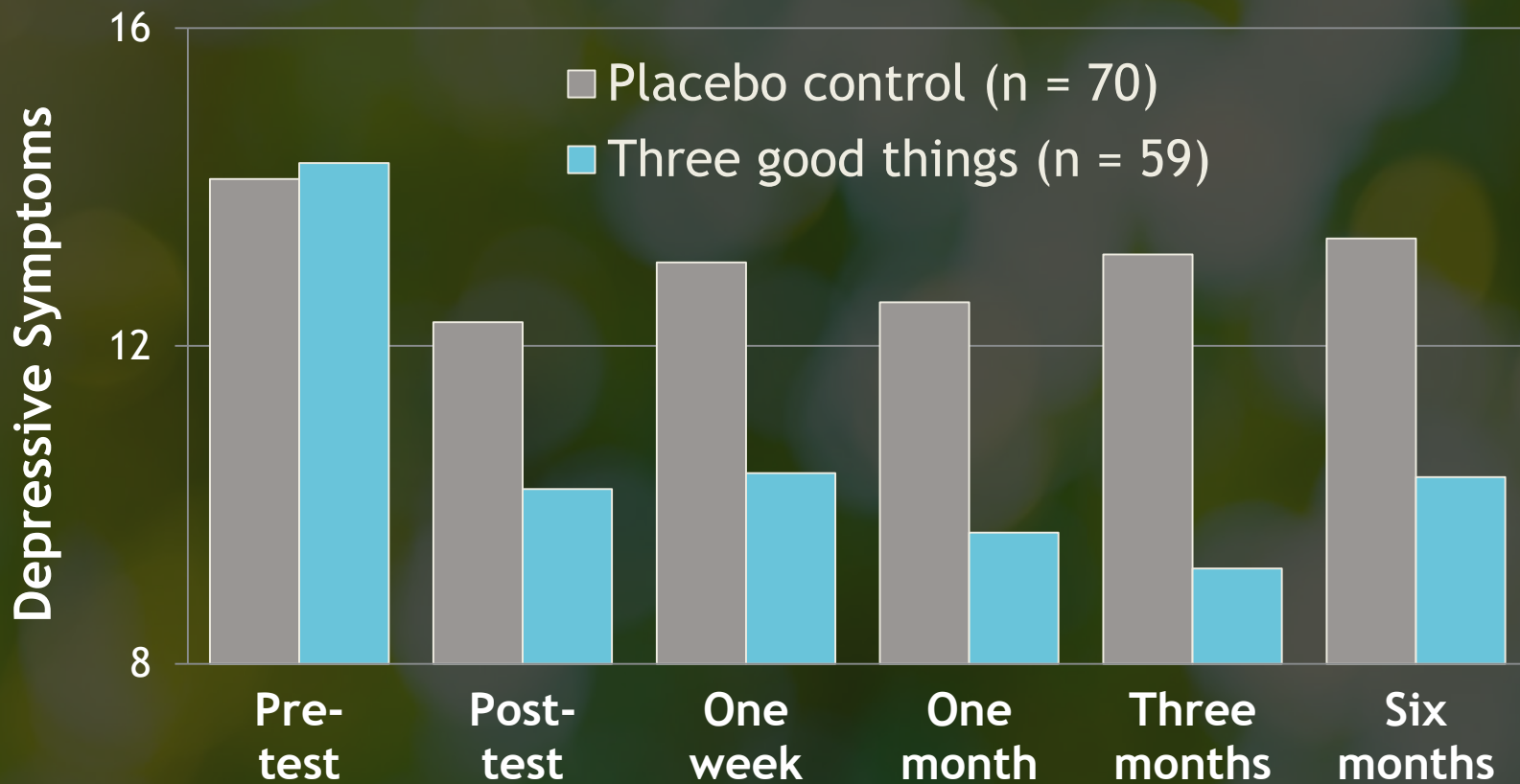
July–August 2005 • American Psychologist

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

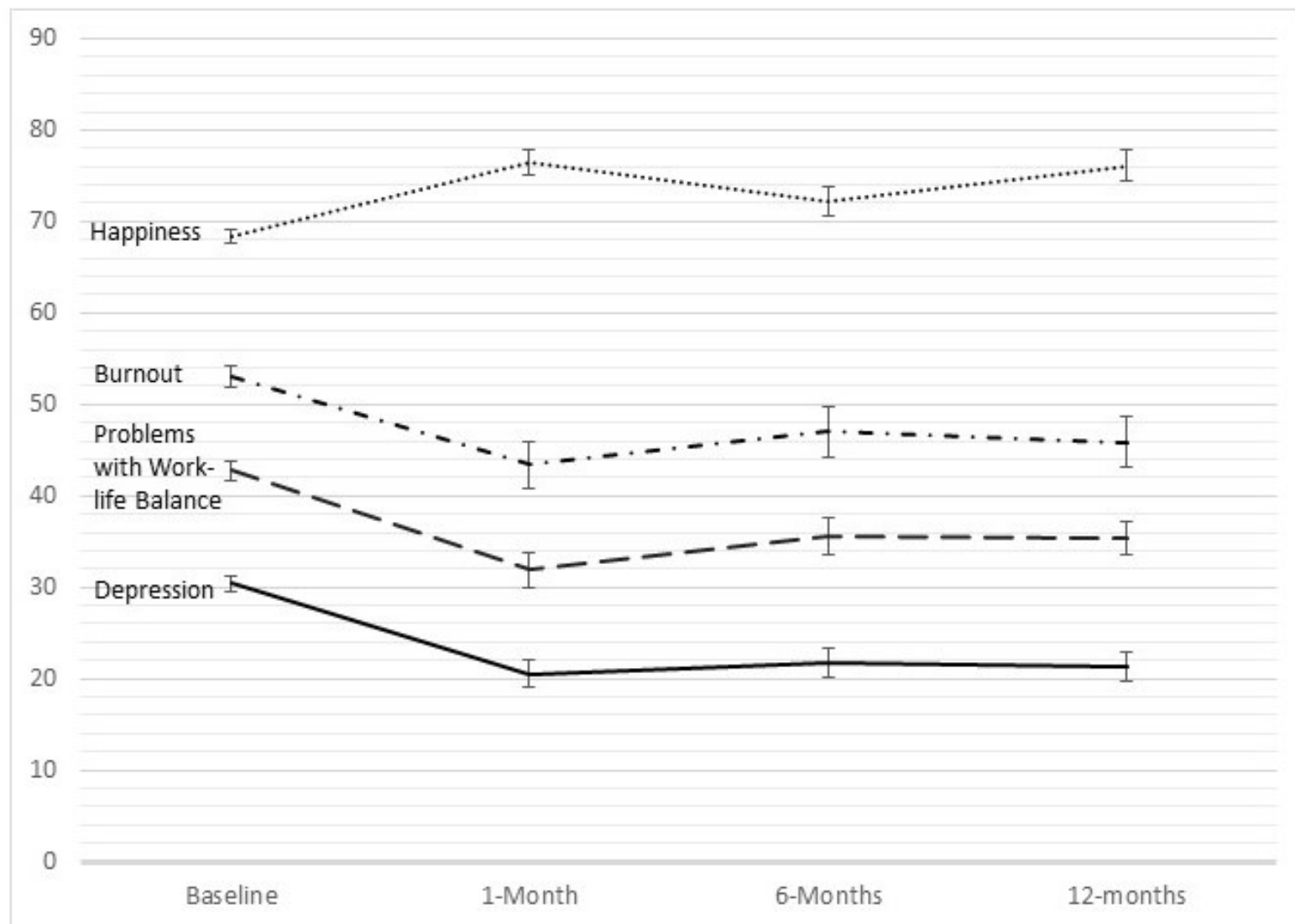
Three Good Things



Three Good Things



BMJ Open Forty-five good things: a prospective

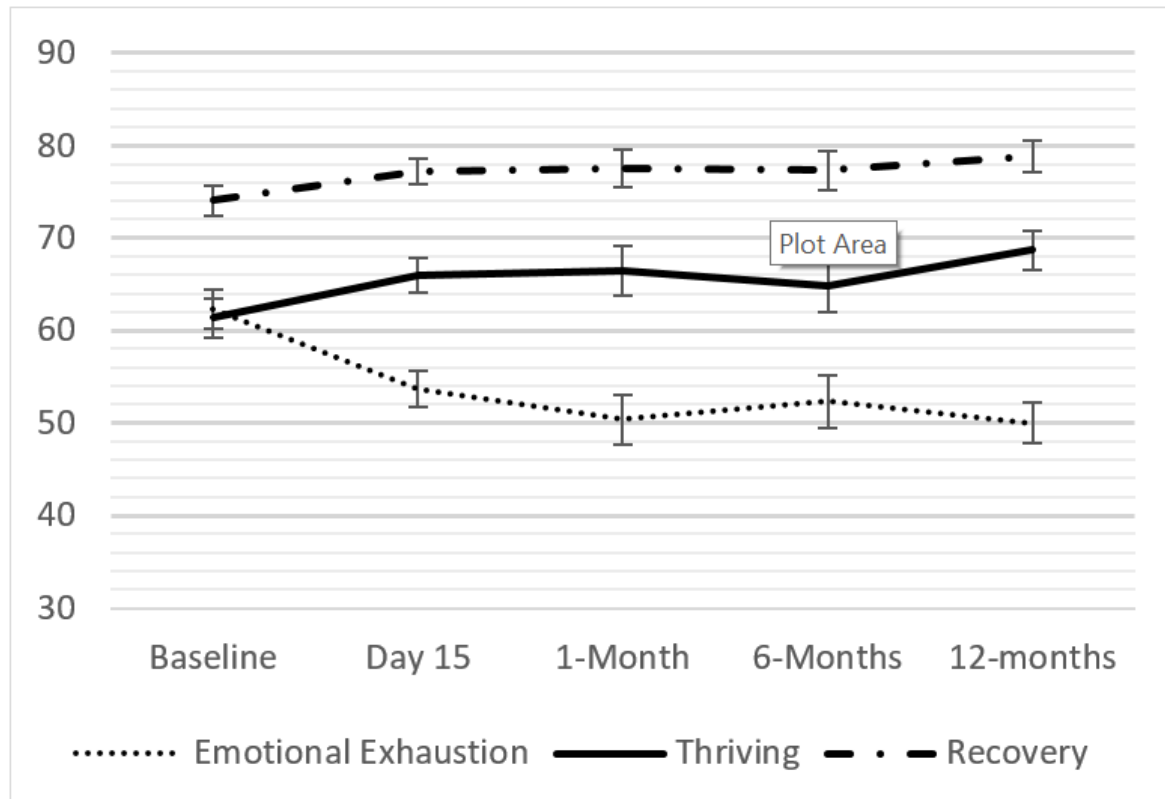


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the Three Good Things
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emotional exhaustion,
depression, work-life
and happiness. *BMJ O*
2019;0:e022695. doi:

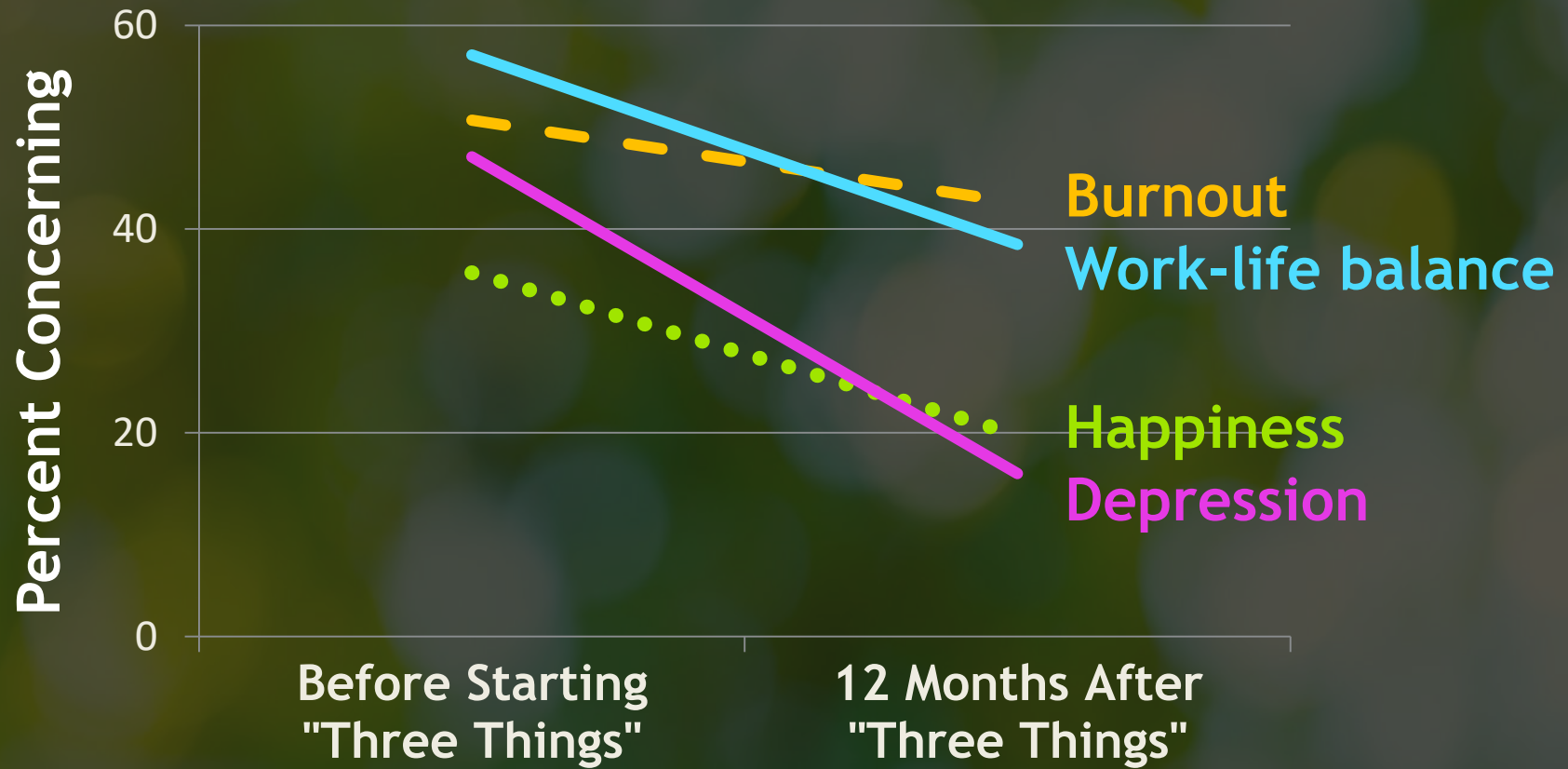


3 Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across 3 distinct interventions

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



Percent Concerning after 3 Good Things



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

—Barbara Fredrickson



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

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

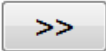
#
Three Good Things...
in bed

leads

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

[S] Three Good Things Exercise, Day 7:

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



www.dukepatientsafetycenter.com

Survey Powered By [Qualtrics](#)

[S] Three Good Things Exercise, Day 7:

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

0%  100%

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Survey Powered By [Qualtrics](#)

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

>>

1. [S] Three Good Things Exercise, Day 9: What went well today, and what was your role in making it happen.

Good Thing #1 ▼	Good Thing #2	Good Thing #3
Able to give positive reference for Big Brothers/Big Sisters	Healthy niece per ultrasound	Spoke with my cousin
A coworker helped me by giving a TB test to another employee, when I was not able to do it.	My dad's Dr. appt went well today.	I watched a new TV show which really made me laugh!
A delicious dinner out	Meeting new people	Exploring a new city
another gorgeous fall day and I thought ahead to take vacation!	Got the car cleaned after I made it a point to get it done.	Base ball playoffs start....Watched the Wild Card games on TV.Go Tigers!
Beautiful drive, loving the beginnings of fall color	Haircut,	Daughters working together on project,
Bought hubby great jeans for half price. As a surprise.	Meditated 20 minutes this A.M.	Had quiet peaceful dinner and evening alone.
Complimented on use of bulletin board. My role: Posting quotes and funny sayings to make people think.	Enjoyed company of friends. My role: not being too tired to meet them.	Asked to assist someone and help them out of their shell. My role: Setting a good example, I was told
Did not feel well today, really stressed with school . Got dressed up and took my daughter to scouts. This worked out well ,we were able to get out of the house and start over.	Spent afternoon while at scouts with a dear friend visiting from California. So glad to see her and be able to get a few hours in catching up. She is going through tough times with her husband. I listened patiently and praised her for all the good things that she does for her family, I empowered her by listening and not judging. She is am amazing talented and strong woman. We all need to bend an ear.	Came home , husband fixed a wonderful omelet. Then took a nap. Had some snuggle time with husband, actually sat down and watched an entire movie with son and husband.....Sitting through a whole movie or show is not always easy for me to do, so I took the time for them and put everything else aside..
Excited to work with a client in a new	Had fun teaching my class. Role: approached	Helped someone out by providing

Three Good Things

Wednesday letters

Dear Mr. and Mrs. [Name],

I am so glad to hear from you and that you are all well. I hope you are all enjoying the summer. I am so glad to hear from you and that you are all well. I hope you are all enjoying the summer.

I am so glad to hear from you and that you are all well. I hope you are all enjoying the summer.

I am so glad to hear from you and that you are all well. I hope you are all enjoying the summer.

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

I LOVE MY NEW OFFICE DECORATIONS (j)

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

My Reliable Vehicle! Hopefully a low estimate!

I Love my retirement

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

At Safety conference re: [Name], and [Name]

I love my Internship

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

MY SON IS HOME
FROM AFGANISTAN!!

Friend's daughter's surgery went well!

I CAME TO WORK TODAY!!! -> makes me happy.

It's Potato chip day! in cafe!

Homp 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
Yehesha

The happy Song!

My BOSS!

25¢ refills

3-DAY WEEKENDS!!

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

WORKING WITH MINIMAL INTERRUPTIONS

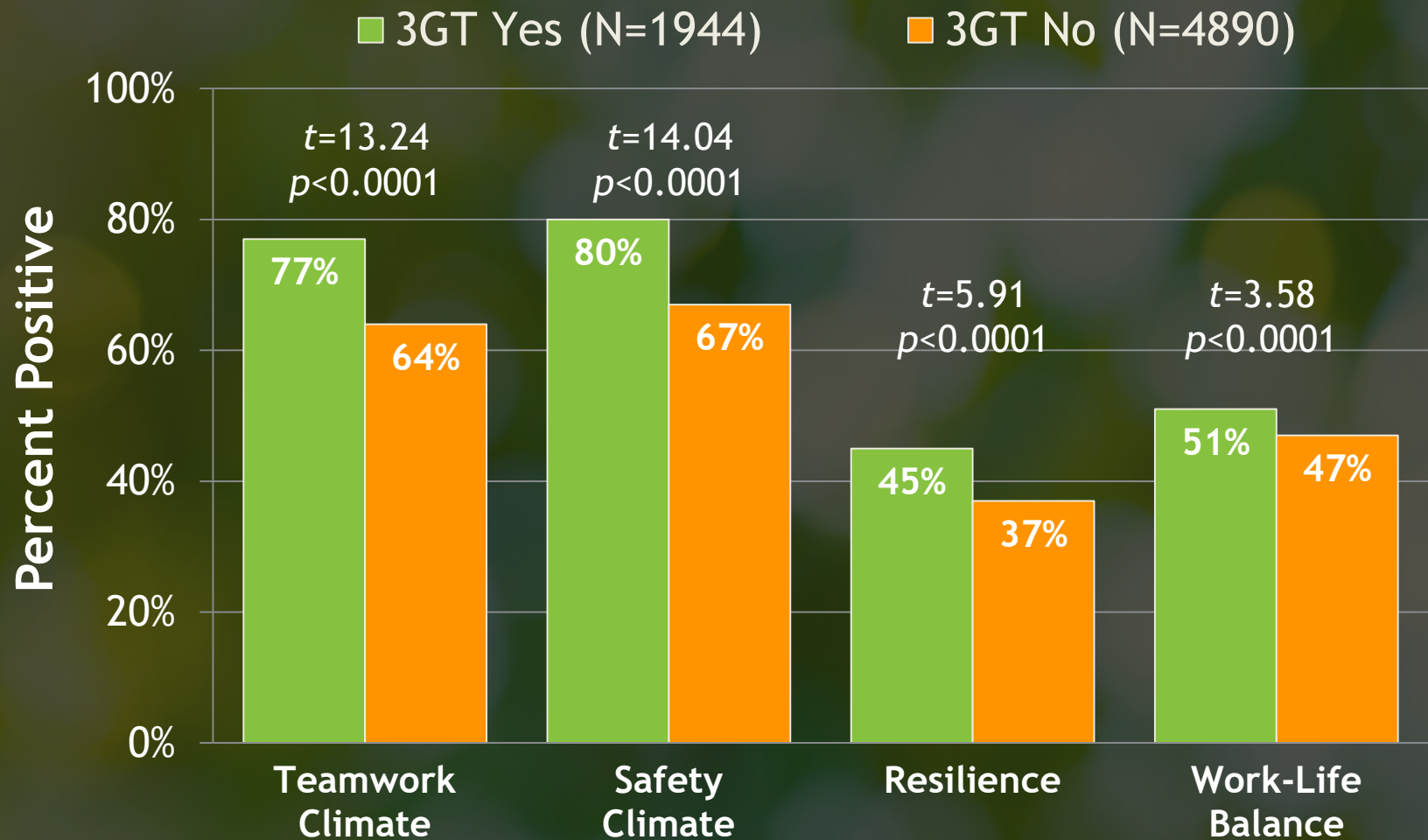
I made it out of bed

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

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

A husband that waters my flowers + fills the bird
cage!

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





Duke Raleigh Hospital

Meeting Agenda Item

One good thing so far this week



Evaluation from Participants of 3GT

96% said that they would recommend the 3 Good Things exercise to a friend

86% said that they have encouraged others to try 3 Good Things

93% said they would like to participate in 3 Good Things again next year



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

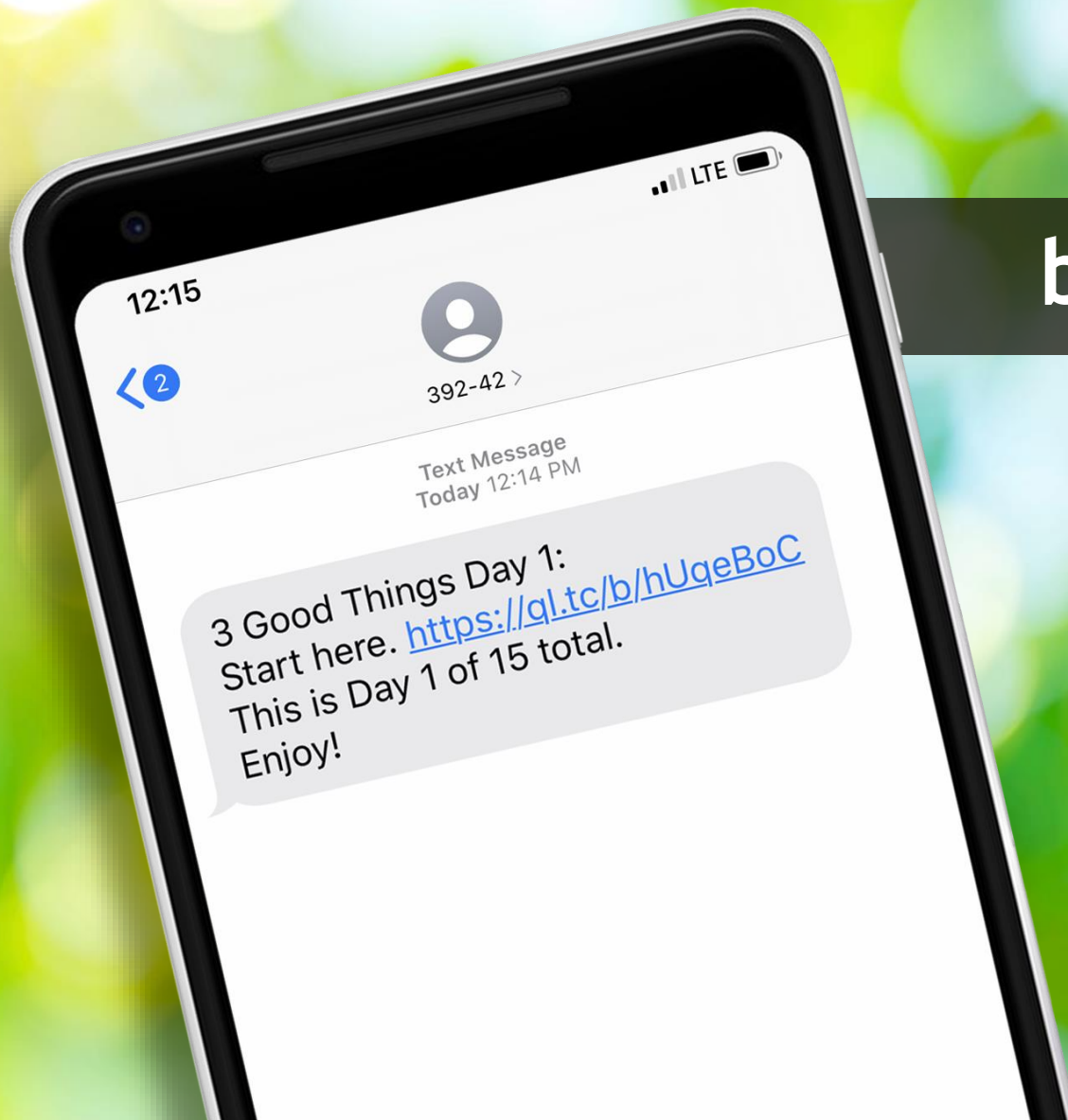
Please get your mobile phone....



Please use your mobile browser to go to:

bit.ly/start3gt





bit.ly/start3gt

- Negative is like Velcro, positive is like Teflon
- 3GT enhances your ability to see the positive that is there
- scalable from individual to work setting levels

bit.ly/start3gt



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

bit.ly/start3gt



3-Minute Video

Well Being Q&A



Three Good Things

bit.ly/3gtdemo



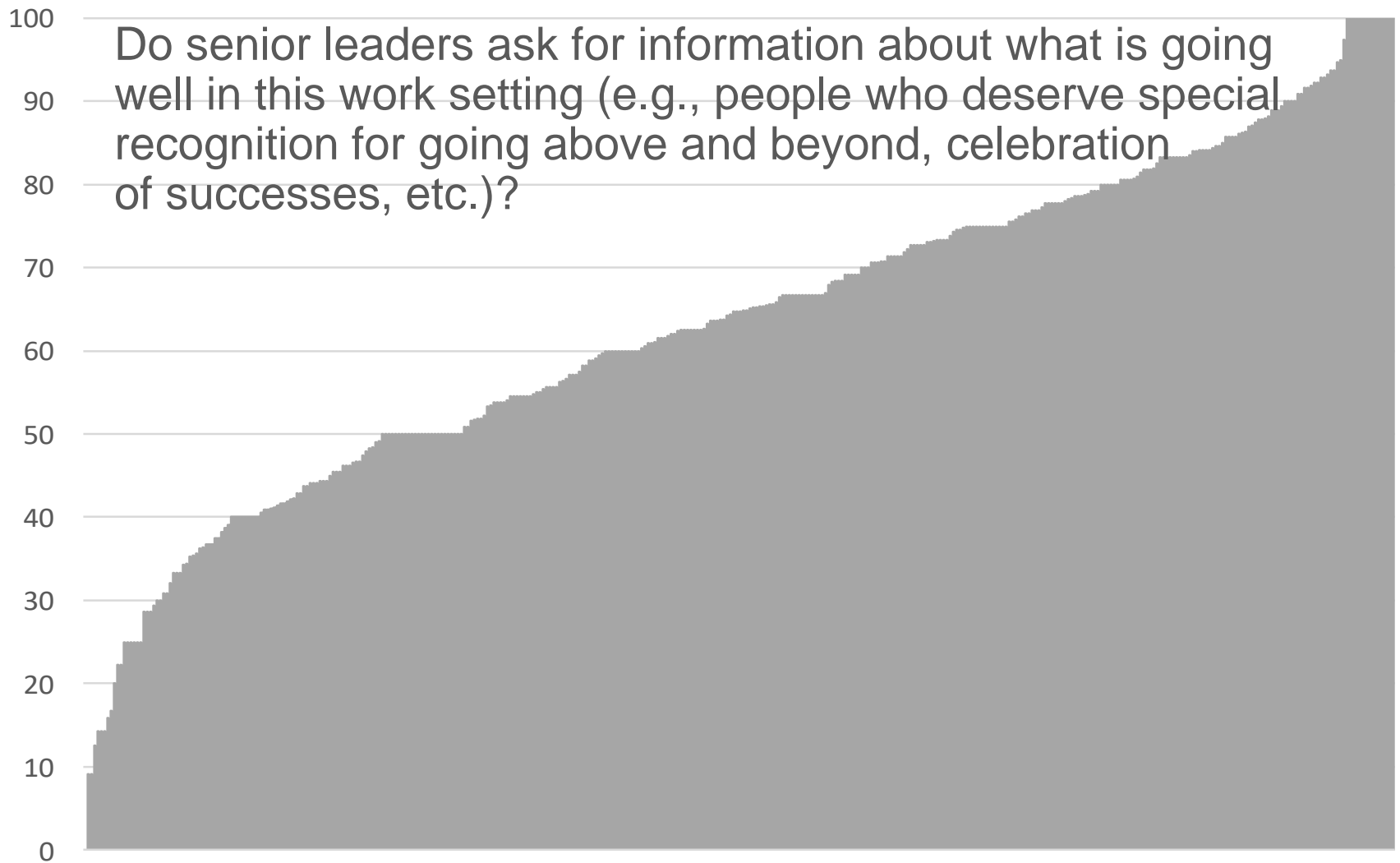
Traditional Patient Safety Rounding Frame:

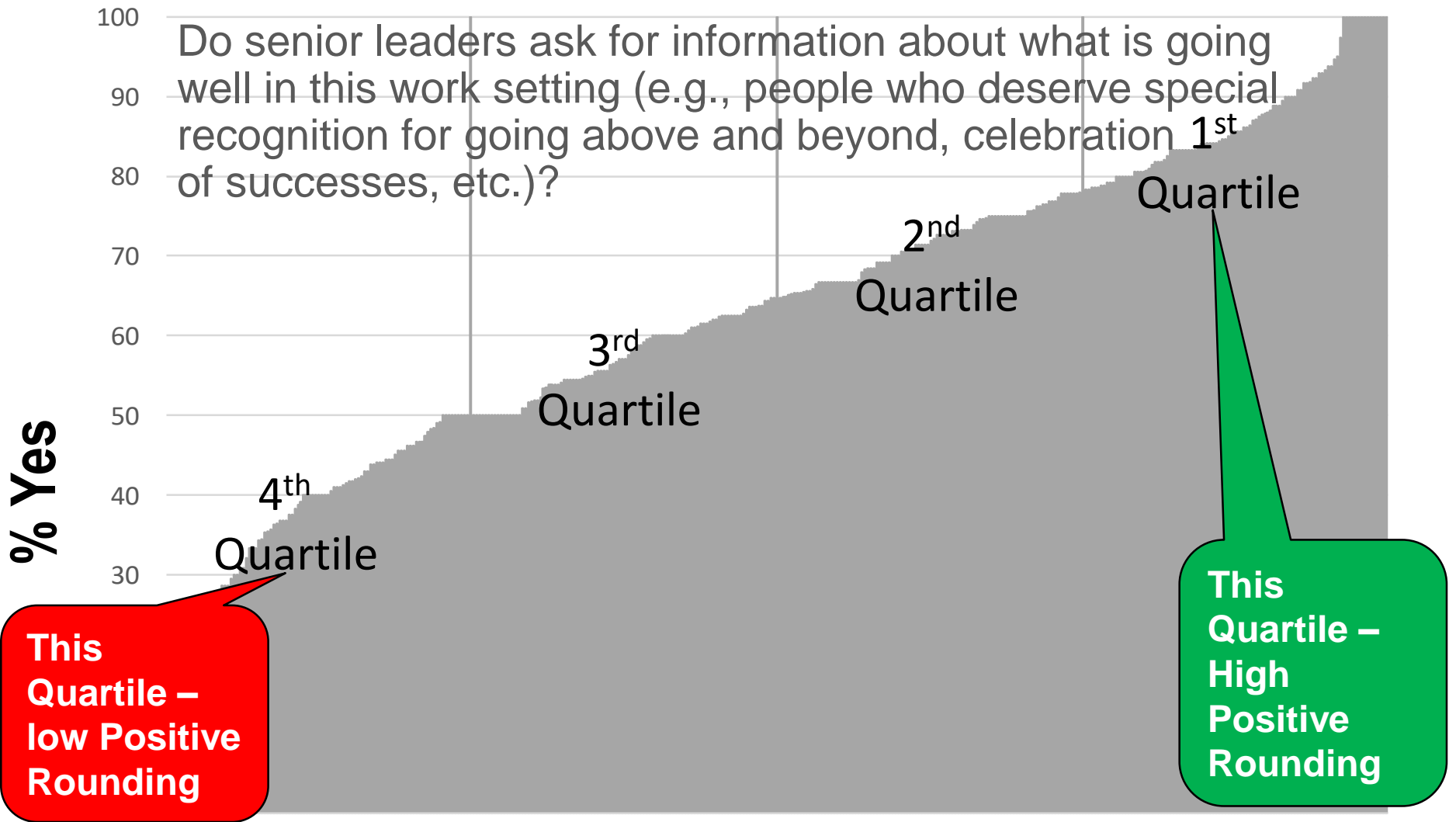
“So how are we going
to kill the next patient
around here?”

Positive Rounding Frame:

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

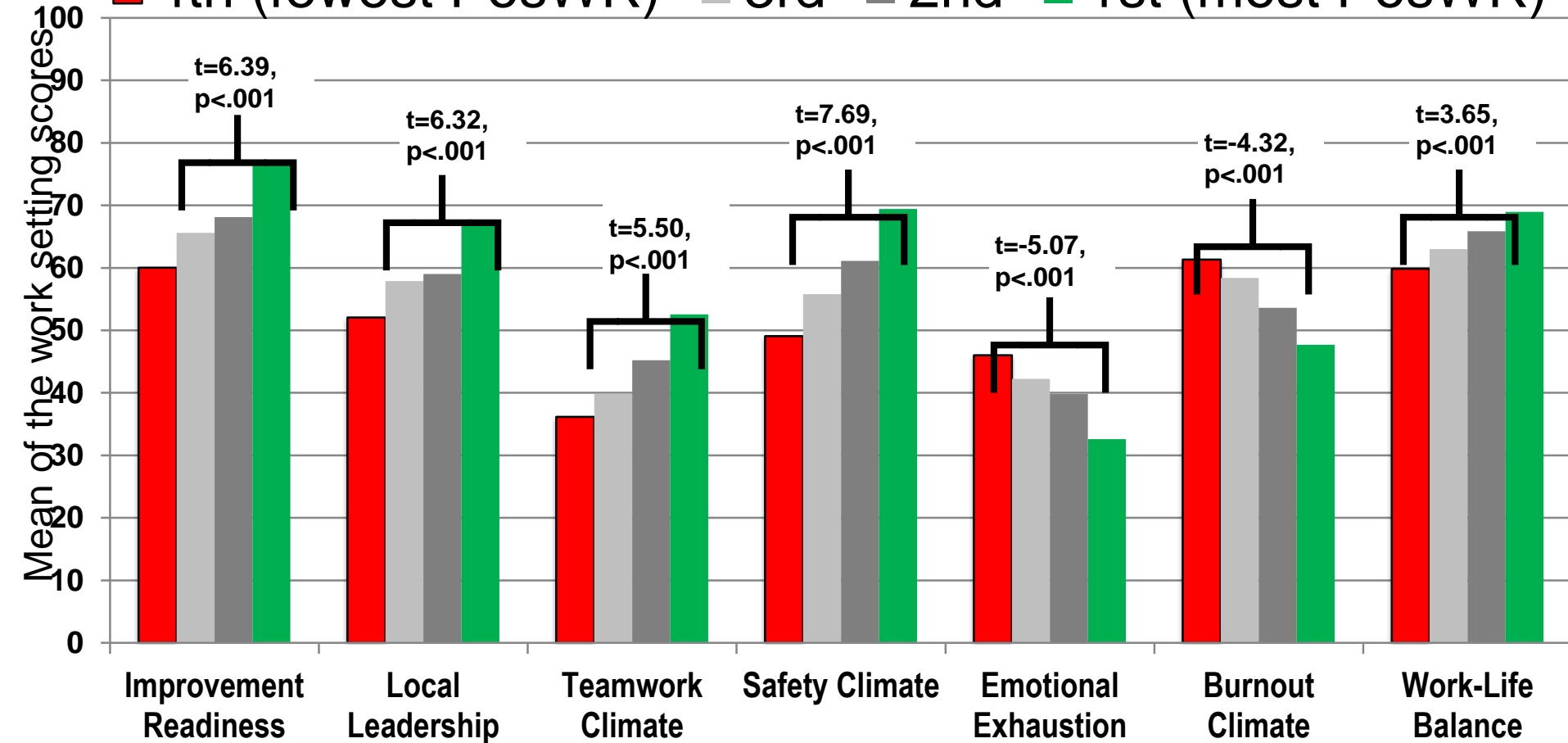
% Yes





Safety Culture & Well-Being by Positive Rounding Quartiles

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





Pausing and Reflecting

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

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

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

ZERO

or nearly Zero



Examples

• Institutional Resources

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

• Resources for individuals:

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



Meeting Agenda Item

-One good thing so far this week



bit.ly/dukewebinars

Duke UNIVERSITY



How to get more info on our upcoming webinars and courses:

I am interested in:

Email: (remove any spaces after your email address inserted by your phone)

Email Address

phone number with area code?

What facility/organization are you requesting this info for?

Anything else you'd like us to know?

submit >>

Q&A

TOOL

bit.ly/start3gt

3 min VIDEO

bit.ly/3gtdemo



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📍 Durham, NC

🔗 hsq.dukehealth.org

📅 Joined January 2019

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 **@JBryanSexton1**

Enduring Resources (for Pausing & Reflecting)

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

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

- www.hsqu.dukehealth.org

Resilience Ambassador Training in Durham, NC



Monthly Resilience Webinar series:

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

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

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



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