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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and today, I'm joined by Bryan Sexton, PhD, director of the Duke Center for the Advancement of Well-Being Science, Donell Snyder, a registered nurse certified in critical care, and Ashley Meyers, also a registered nurse certified in pain management. Welcome. Today, we're going to talk about clinician wellness, what works and what doesn't.

So, Ashley, I'd like to begin with you for today's episode. What are some ways that you think leadership can demonstrate commitment to well-being when they themselves are not well, as we know? Do staff recognize the incongruence of lip service and pizza parties?

Ashley Meyers, RN: What a loaded question, Geri, but thank you for asking. So, I'm going to break it up into two parts. So, how can they demonstrate commitment to well-being when they themselves are not well?

I feel as though their bite-sized commitment to wellness for themselves and role modeling that on a daily basis is probably the best way to support me, as the clinician. Leaders walk the talk, right? They don't talk the talk; they walk the talk. And while role modeling is important, it sets an expectation in a way.

I know if my leader is telling me don't work extra hours, don't work overtime, take your break, but then they are working extra hours, and they are working off hours, it's like it almost subtly or implicitly sets an expectation for me that I'm trying to meet. And so, it's almost like not even explicitly stating it, but it's implying that I need to meet that. Walking the talk and role modeling is how they can demonstrate commitment to well-being.

Do we recognize incongruence of lip service and pizza parties? My goodness gracious, yes. Now, don't get me wrong, we appreciate food. We don't get breaks, so we want food in the break room at the ready because we need it to fuel, and we appreciate it. It's not underappreciated. But my argument back would be, is this really wellness when I would probably have chosen a much healthier option if I would have actually been given a situation in which I felt safe to take a true break?

So to answer your question, yes, absolutely. And I appreciate the ability to engage in or to have these pizza parties and things like that, but enough is enough. I want a break, and I want to choose my own healthy eating options.

Amori: Yeah, that's an important perspective.

Donell, as an administrator yourself, a 2022 study stated that current healthcare worker well-being resources and programs may be inadequate and even difficult to use. Can you

share with us what you've learned that may work for systems that are ill themselves due to burnout and poor well-being? What can be done if the EAP is only open to 8 to 5, or there's periodic wellness fairs, and that's it? What can we do?

Donell Snyder, RN: I do think the team approach in the units, like people rely on each other. They are relationships that are made under horrible conditions. People grow to count on each other. They are your work family. It's not a small thing. They're just as important to us and that deep caring and teamwork. I think leadership recognizing the need for that and the need for the support amongst each other and being able to support that is also equally important.

Amori: That's pretty profound, really. And I'm sure that not everybody feels they can rely on everybody.

Bryan, let me ask you a question. If you ask followers what they need from leaders in any field, but especially in healthcare, the clear answer is trust, compassion, stability, and hope. Is hope, which is linked to personal resilience, a state that's dependent on a situation and can be learned, or is it sort of a trait that's unique to an individual and inherent with them? And if it is a trait, can we teach it?

Bryan Sexton, PhD: You know, I hate to do this again, but like, yes, it's both. It's a state and a trait. Hope is a weird one. In my training, when I was taught what hope was, when we talked about it in the literature, it's called optimism. Optimism was always presented to me as a personality variable.

Personality is stable across time and situation. If you're a jerk when you're 3, you're probably a jerk when you're 53. That's stable across time and situation. Hope, it turns out, is more complicated than that. There's a part of it that acts as a trait, right, that goes with you wherever you go.

There's another part of it that's quite malleable, that changes based on decisions that you make and things that you do. And that other part is really interesting. It turns out that with small doses, you can lift heavier hope loads and make your hope muscle stronger. Hope acts like a muscle. With use, it gets stronger, and I think that's actually pretty exciting.

We have a whole tool, one of our many tools that we've developed to help individuals with their well-being is literally called the "looking-forward tool," which is designed to help you lift a slightly heavier load over the course of 8 days. And by the end of 8 days, you actually are less depressed, you are more optimistic, less anxious, and your work-life balance is better.

And we're interested in that. To be perfectly honest, this wasn't something we planned. This was not some brilliant plotting and scheming on our part. We were trying to create a burnout tool, and we kind of slipped and fell and, whoops, we created a depression tool that is focused on cultivating hope. It works for burnout, but it works really well for depression.

Amori: Oh, you know what? That makes me hopeful for all of us and for healthcare. I love it. That's great. That's great to know.

Ashley, what's in it for the stressed, exhausted workforce, when they have nothing extra to give, to try to get them to exert the effort it takes to address well-being or maybe even to grow some hope?

Meyers: So, this may be the toughest question I have had to answer. And I even said this is a loaded question to come off Bryan's analogy in the previous question. This is really tough.

We know in healthcare that healthy lifestyle and well-being and changing people's habits and modifying behaviors is extremely hard. It is not a linear process. We do need trust and rapport. That is key. And we need to understand that these bite-sized, small goals that are attainable can build upon one another, just as we were just talking about a hope muscle. This is really hard.

But this isn't just the caregiver's job to fix, but we do individually play a role. And it's a vital role. If we surround ourselves with well caregivers, and we do these small, bite-sized changes every day at work, we can help create this culture of wellness or this family, as Donell was referring to it. I mean, we do refer to each other as family. We can create this, like, ripple effect. And every small choice is a chance to improve our health and the health of our coworker next to us.

Amori: So what I'm hearing is Bryan says we can build our hope muscle, we can learn to come out of depression, be a little stronger. And Ashley, I'm hearing you say it's kind of on everybody. We can do it. We have to take care of ourselves, and we need the system to support us.

So, I'm going to take now to Donell. Donell, I'd like to just ask you, building on that, no matter what we seem to try to initiate as cultural change in healthcare, you know, whether it's any kind of thing that we're trying to do, whether it's shared decision-making or whatever we try to do, it's always about leadership has to buy in. Any kind of culture. Culture of safety, right? Anything. Leadership has to buy in. There has to be a top-down buy-in.

How do we get buy-in from the leadership and the C-suite while they're busy thinking about numbers, and we're all down here flailing? What do we need to do?

Snyder: Well, it is definitely about being aware of the flailing that's going on, on the bottom end. And I mean, really, it's their job to be our, we'll call it our "hope-muscle spotters," that they're there to catch it when things are going bad. I think if they know that they're there for their staff, the staff knows that they're there for them, and they're really looking at their needs, it's an advocacy from the top-down sort of thing. Even if they see

it's best for the organization, if they're out of touch with what they really need down from the flailing people at the bottom, they're just not going to get it right.

So, having that buy-in but also understanding what the important parts are of that buy-in, so that we can get that organization what exactly they need for their people.

Amori: Okay, great. That's helpful.

You know, I want to come back to you, Bryan. In some of our conversations, we've heard about the younger generation, and they want to make changes and make things right. And some of us that are older, maybe we're hippies in our own lives, right? And we wanted to change the world. And back then we did it in puka beads, and now we do it in suits. But we want to get those grassroots people really charged to know that they can make a difference and work their hope muscle and do good things like that. How do we do that? How can these frontline clinicians model being those kind of change agents, model hope?

Sexton: I love this question, and I want to give you an answer that seems almost too good to be true. And it's not just hope, right? But it's all positive emotions can be cultivated with one simple question. This is one of our bite-sized interventions. You just ask at the end of the day or you're sitting at dinner or after dinner or before your head hits the pillow, you ask, what are 3 things today that did not suck? What are 3 things today that didn't suck? Or what are 3 things today that went well. It's called "Three Good Things."

What are you looking forward to? What are you grateful for? What are you interested in? These simple questions are very powerful. And they're the backbone of our randomized controlled trials that we use to show significant and enduring improvements in well-being by simply asking and answering these very simple questions.

You can do this in a staff meeting. You can do this in a retreat. You can put this in an email. You can have this on a whiteboard outside your door of your office. You can put it in a group text, right? These are simple things that you can do to keep it at the tip of your tongue. Because questions are powerful things, but you've got to answer them.

Amori: That's great. You can even do it at home at the dinner table. That sounds like a good exercise. Yeah, that's great. And that is grassroots and frontline. I really love it.

We're getting close to the end of our time, so I'd like to ask each of you the question I love to ask, about this particular thing, what works and what doesn't. What is the one thing you would like our listeners to take home today from each of your perspectives? And I'd like to start with you, Ashley.

Meyers: I think that we should practice compassion and empathy. Not just for others. I typically think of compassion and empathy as like something that I'm trying to do for other people, but almost flip that script at knowing that it also helps our own well-being. So not just for others, but also for ourselves.

And specifically, I try to practice empathy and compassion when I'm thinking about my healthcare administrators. God bless you, Donell. Sometimes I can be really frustrated with the decisions that are being made. And I think that practicing compassion and empathy for those individuals actually takes me out of that nonproductive, negative headspace and brings me more into the motivation for change space, like Bryan was mentioning.

And then I'll close out with saying, Bryan, I do 3 good things with my daughter every night, and I think it is so very important. I did not know how evidence-based it was.

Sexton: Blessings to you and your daughter. Thank you for saying that.

Amori: That's wonderful. Wonderful, Ashley.

Donell, from your perspective, what was the one thing you'd like our listeners to take home about this topic?

Snyder: Well, it's definitely got to be in bite-sized pieces, even if it's pizza that you're standing up eating, jamming in your mouth as fast as you can because you have to get back out to your patients. Gratitude has always been the thing that I've focused on to get me through my days, in the current role that I am, grateful for the people around me. Practicing that perspective piece of, you know, today was rough, but boy, it really could have been a lot worse if that X or Y or Z could have happened, but it didn't. So, today is great. And I get to get in my car, and I get to go home, and I'm well and healthy.

And knowing where to set the bar on that particular day. I always have this horrible saying, like on my gravestone it's going to say, lower your expectations. That way I can't be too disappointed in what this day has brought me. But it's truly that gratitude part. And then recognizing those positive moments so that you can be grateful for them.

Amori: So lower your expectations and appreciate what went well.

So Bryan, bring us home, please. What is the one thing if you have one thing for people to remember about clinician wellness, what works and what doesn't, what would you like them to know?

Sexton: Well, Ashley stole it, so that's not fair. I was going to talk about self-compassion. We do research on self-compassion. I'll just say, Ashley, one of the things I love about that topic is that that voice in your head sometimes is a real a----- . We need to tell it what's what. And self-compassion—we all need some self-compassion.

But since you stole my thunder, I will say, hope is a muscle. We need to give it a little bit of a workout whenever we can. So simply ask the question to people you know and the people you love and the people you don't know at all, whether it's in the elevator or in line at the grocery store or it's at the dinner table, what's one thing you're looking forward to?

Amori: I love it. I just want to thank all of you today. This has been really fun.

And thank you to our listeners for joining us today. This has been a great conversation.

Special thanks to our panelists for sharing their thoughts and perspectives. And I hope to see all of you again at our next *Perspectives 360*.

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