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Geri Amori, PhD, ARM, DFASHRM, CPHRM: 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 who is certified in critical care, and Ashley Meyers, who also has a bachelors in nursing and is certified in pain management. Welcome! Today we're talking about well-being among healthcare professionals and the science that supports the need for it. Bryan, can we begin with you, and is it okay if I call you by your first name?

Bryan Sexton, PhD: Absolutely. Let's do this.

Amori: All right. What is well-being, anyway? We hear that all the time, and, even more, what is well-being science?

Sexton: There are complicated, you know, ways of answering that. Let me just say I like the simple answer, like well-being is your ability to do stuff. So as your well-being is compromised, your ability to do stuff is also compromised. So, it's kind of the ability to see the good and the bad is well-being. And what are we hoping to find in people? They notice the negative and the positive without focusing on one at the exclusion of the other. You know, people who are just bright and cheery and happy all the time no matter what, they're kind of annoying. And people who are down and gloomy and they're never happy, they're kind of annoying. Like we want to be balanced, right? We want to be able to have a good day and a bad day. We're hardwired to notice the negative.

Amori: Yes! What about that? What's this hardwired to notice the negative?

Sexton: Winter is coming, and if our ancestors, you know, hadn't had any anxiety at all, we wouldn't be here today. So, the trick, really, is to allow yourself to see the good and the bad. And those people say, well, yesterday sucked, but today's better. Those are the ones that are going to be in it for the long haul.

Amori: Interesting. Well, let me go on to Donell. Donell, you're one of those in-the-middle people. You are in the position of interceding between the administration of the hospital and the frontline people. And you know, so you see a lot of this is, is this a no-win situation from your perspective, is there nothing we can do about being human, or should we just say, okay, we're going to be negative?

Donell Snyder, RN: You know, it does come to that, am I a half-glass full, half-glass empty-type person and acknowledging which one of those things that you are. And then as Bryan was saying, taking a perspective of, how can I be a more balanced person? It is very difficult in healthcare, especially with the pandemic and all, that we saw so many terrible things that were happening and trying to dig deep and find those moments that we could pull on to get some strength and find that positivity has really proved to be pretty challenging. And it's definitely not hopeless. While it might be hardwired, it's like any of those other things, you know, practice makes perfect. So, we got to look at it and say,

what can I do to retrain these neural circuits? How can I raise my awareness because it's a habit? It's a built-in habit to look at that.

Amori: Well, yes, maybe it's a habit. But Bryan, we've also heard you say that this focus on negativity is a coping mechanism in reality. That we anticipate and focus on the negative so that we're prepared for whatever comes our way. What makes you hold that view anyway? Shouldn't we just get rid of it?

Sexton: Well. You know, it serves a purpose from an evolutionary perspective, from a biological perspective, you need to focus on the negative, because if you're running for your life from a predator, but you stop to appreciate a rainbow, you're just not going to be passing your genetic material onto your offspring. That's kind of how that works.

Amori: Yes.

Sexton: But there's a negativity of bias, right? Whereby you know, we're more tuned into things that can be bad for us, and this is great for our species, right? It's great for the survival of human beings, but it's terrible for any individual person's well-being. It causes that downward spiral. If you're always noticing the negative, noticing the negative, noticing the negative, it's hard to feel buoyed. And many of our interventions that we use in our lab, they directly confront this by helping individuals cultivate things like, you know, awe and wonder and gratitude and a sense of hope.

Amori: It's kind of interesting you talk about that because my background, of course, is risk management, and I used to tell people I was paid to be paranoid for the organization, right? To look for the negative all the time. And yet we want people to feel positive about working in healthcare. So Ashley, you're a frontline nurse-person and you see unwell clinicians all the time. What are the effects that you've seen when clinicians are unwell because they're so focused on the negatives? What impact does that have on patient care?

Ashley Meyers, RN: I will answer the first question with a little bit of my own individual experience, as well as some of the views and perceptions that I've taken in from those around me. Of course, this impacts our physical and our psychological well-being. Some common unwell physical symptoms might be depression, anxiety, chronic fatigue. For myself, it was poor eating habits. You know, that was a type of coping strategy that I had. The psychosocial domain, you know, we can come across distracted. We might not be able to tolerate, as Bryan said, the good or even maybe the bad, the extremes of the good and the bad, we're just less tolerant overall. As how that translates into the care of patients is, it kind of hurts my heart as a nurse. It kind of translates as apathy in a way. We become prone to shortcuts. We kind of become survival mode, and, unfortunately, I feel as though the quality and safety bar is just a little bit lower when the well-being of the workforce is not optimized.

Amori: Well, and patients feel it too, wouldn't you say? That's why the patients get grumpier because their nurses are grumpier or…?

Meyers: Oh yes, we're going to talk about, you know, leaders and role modeling leadership and how that impacts us as clinicians, and I think the same can be said when we are caring for patients that how we present ourselves and how we're role modeling wellness and our demeanor absolutely impacts their demeanor.

Amori: Yes. Let me turn to you again if I can, Donell? You've been in healthcare for a while, and those of us who have been in healthcare for a while know that stoicism has been valued as an expectation for clinicians, right? We've seen it. We were told it. Do you feel it's better to view clinicians as superheroes or as just other human beings? And what is the effect on healthcare itself if we maintain that superhero stoicism attitude versus allowing ourselves to be seen as more vulnerable?

Snyder: As much as we all love a good Marvel Comics movie? Yep, superheroes are not a thing, not in reality. So, we definitely at the bedside and within the hospital appreciated the superhero label, and it helped us in a great time of need where we needed that positive feedback to boost our morale and maybe give us a little bit more umph to keep going through a bad day. In the long term, it's implying that we're going to go beyond those human limitations, beyond what a normal person can tolerate. And yes, we're just plain old humans.

And as great as it sounds, that's not necessarily going to be helpful for us believing that we can do more than we actually can. Everybody has their limits, and I was definitely part of a generation and brought up in a household that valued stoicism and like that was the way that you got the label of the good kid in your family, and I never got the squeaky wheel gets the grease memo. So, I was probably a nurse in training that whole time without even realizing it. It's really a lot less the case for generations now. They believe in speaking up, and we're making great advances in things like workplace violence, safe staffing ratios, because being quiet and not mentioning the problems has not really helped us make the organizational improvements that we need to.

Amori: Yes. Before I ask you, Ashley, I have a question for you. But I want to ask Bryan a quick question. You know, my spouse was a medical student in an era that he was told the first day of medical school—he tells the story with great horror—the first day of medical school, he was told that he had to be the one, that he could not expect nurses or patients to know anything. He had to know all the answers and give all the decisions, and he always had to be the strong one. You work in a place where education is happening—is that education changing with our younger physicians?

Sexton: It's changing, but it's not changing fast enough. I think we still put an unreasonable burden on people in positions of authority like that, especially in academic medical centers. But relative to when your husband trained to now, I think we probably made an awful lot of progress in acknowledging kind of basic human vulnerabilities and the need to role model, as you heard, like Ashley said earlier. We need people who can put out there, you can be a leader, and you can be vulnerable, and you can actually be a good leader and be vulnerable.

Amori: Wow. I think that's harder, actually. Hey Ashley, as a frontline nurse, okay, you've seen it all. You've seen some of our older clinicians and older doctors who really feel scared to let go of that stoicism and other people who maybe are willing to admit it. What is your take on the superhero clinician perspective?

Meyers: Almost like a trigger word at this point to be very frank and honest. At the beginning of the pandemic, I truly felt a sense of fulfillment. It wasn't the external recognition that ever fueled me as a nurse, but as Donell mentioned, it did help. It kind of lifted us up in a really tough time where there was a lot of uncertainty. I felt like I was able to answer the call of duty. I did not feel superhuman. I felt very human. I was struggling inside a lot.

That initial burst of recognition, again, it was very moving, but as time went on, as misinformation started running rampant, it felt as though society and our organization like our healthcare systems were underappreciative of what was going on at the frontline. I mean we had parking lot police around our hospital trying to prove that what we were seeing in the hospital was actually not what we were seeing. It is a little bit of a sting. It felt like we were called heroes, but we weren't being given the resources that we needed to do our jobs well and keep ourselves safe. And at times, again it felt like an expectation, like we were supposed to sustain this and maintain it. And then it left me feeling as if I was sacrificing my own well-being.

Amori: Wow. Well, as we move to the end of this, you know, we have a traditional question we always ask at the end of each episode. And because we value the unique perspectives that each of you bring to this discussion on what is well-being and what is what's real about well-being, I'd like to ask each of you now to tell us the one thing that you would like our audience to take away from today's episode. So Bryan, let me start with you. If you only had one thing to tell people about well-being and well-being science, and you want them to remember that, what would it be?

Sexton: In ending on a positive, you know, I think the good news is that as exhausted as we all are, as much as the pandemic, you know, emptied our reserves, we know how to use bite-sized strategies and interventions to recover in that same magnitude, and that gives me hope.

Amori: That's a good way to end. Thank you, Bryan. Donell, what about you? What would you want the audience to go away from your perspective as being in the middle of all of this as a leader?

Snyder: That it's a challenge every day, that we're constantly needing to reevaluate ourselves and ask ourselves, take an inventory, a self-inventory. Where am I at? How am I doing? Stop, rest, do all those things that we try to do for everybody else for ourselves and really check in to see where we're at and do a little work for us instead of somebody else for a change.

Amori: So, you're recommending that leadership look at themselves, as well as what their job is, to look at where they are in terms of their own well-being.

Snyder: Yes, one hundred percent, top down, needs to be a top-down situation, everybody.

Amori: Thank you. And Ashley, from the frontline, what is the one thing that you would like all of our audience to take with them today?

Meyers: I would like to leave everyone with my thoughts that heroes don't become heroes because we want recognition. What we want and what we need is safe and positive practice environments where we can provide the care that we want to and that our patients deserve. Thank-you cards and the pizza parties and all of that, the recognition is not as important as cultivating those bite-sized pieces of wellness to create that positive practice environment.

Amori: Thank you so much, Ashley, and thank you to all of our panelists for this very interesting perspective. It's been a great discussion, and I want to thank our panelists, first of all, for participating and giving us all those different points of view. And I want to thank our audience for participating. I hope all of you have found this valuable. Thank you for joining us, and until we see you again for *Perspectives 360*.

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