Building a Resilient Health Care Workforce: Advocacy Tool

DC Health Matters Collaborative

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In today's environment, health care professionals are expected to do more but often don't have the capacity or support to take on more work. Moreover, many patients and families present complex health and social challenges that require more attention and support. Being in the helping profession, it is vital that health professionals take care of themselves so they can give patients and families the best quality care leading to better health outcomes. Chronic stress can lead to workplace burnout, which can negatively affect one's well-being and lead to feelings of detachment, a sense of ineffectiveness and lack of accomplishment. Clinician burnout is now widely recognized as a significant problem in the mainstream. We believe everyone can be an advocate in building a workplace culture that supports resiliency across health care settings.

The District of Columbia Health Matters Collaborative (DCHMC), formerly the DC Healthy Communities Collaborative, is a coalition of hospitals and federally qualified health centers that envisions one healthy and thriving capital city that holds the same promise for all residents regardless of where they live. We developed a workplace wellness advocacy tool with input from local health care providers and education partners. This tool incorporates evidence and practice-based strategies from national and local experts on how to drive policy and system-level changes to build a resilient health care workforce. The National Academy of Medicine, who established clinician well-being as a national priority in 2017, defines a resilient health care workforce as a healthy, productive, and engaged clinician workforce. The health care workforce encompasses all professionals, including mental health providers, that ameliorate the suffering and threats to human health and well-being and across clinical and community settings.

Through an environmental scan, the DCHMC identified provider burnout and staff turnover as key workforce barriers in providing mental health services. Workplace stress can compromise an employee's mental and physical health contributing to burnout and poorer quality of care. Studies have found higher levels of work-related stress among frontline health and mental health care providers—personnel who provide direct services to those with serious mental health issues, including nurses, social workers, psychologists, aides, case managers, and occupational therapists. It is now more important than ever to build a resilient health care workforce to be equipped to address the significant health and mental health challenges that our communities face.

Purpose of tool and how to use it

- This tool is intended for health care professionals to start, advance and sustain workplace wellness efforts—at the individual and organizational level.
- We encourage professionals of all positions and experience levels, from frontline staff to leadership, to use this tool to discuss and identify staff wellness priorities in their workplace.
- This tool was informed by national efforts and filled with local examples from DC health care organizations. Tips and examples come from providers who serve child and adolescents in health care and school environments as Children's National and Mary's Center led the development of this tool.
- We want to hear from you! Share how you use the tool and what other resources you found helpful in building a resilient health care workforce. Contact collab@dchealthmatters.org.

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Background

The Ripple Effects of Trauma

In recent years, Adverse Childhood Experiences and trauma-informed care have been elevated to priorities in health care and school settings. In Washington, D.C. the average number of poor mental health days for community members has increased over the past decade.[1] The 2019 DCHMC Community Health Needs Assessment stated that residents in District of Columbia Wards 5, 6, 7 and 8 face elevated risks for exposure to community violence. Evidence and practice has shown that providing support to communities who experience trauma can lead to compassion fatigue and burnout.

> *"It's not the load the breaks you down. It's the way you carry it."*
> – Lena Horne, singer

Terms:

- Adverse Childhood Experiences (ACEs) are traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence.
- Burnout is a psychological syndrome in response to chronic interpersonal stressors on the job. It includes an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.
- Compassion fatigue, also known as secondary traumatic stress, is a condition characterized by a gradual lessening of compassion over time.
- Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
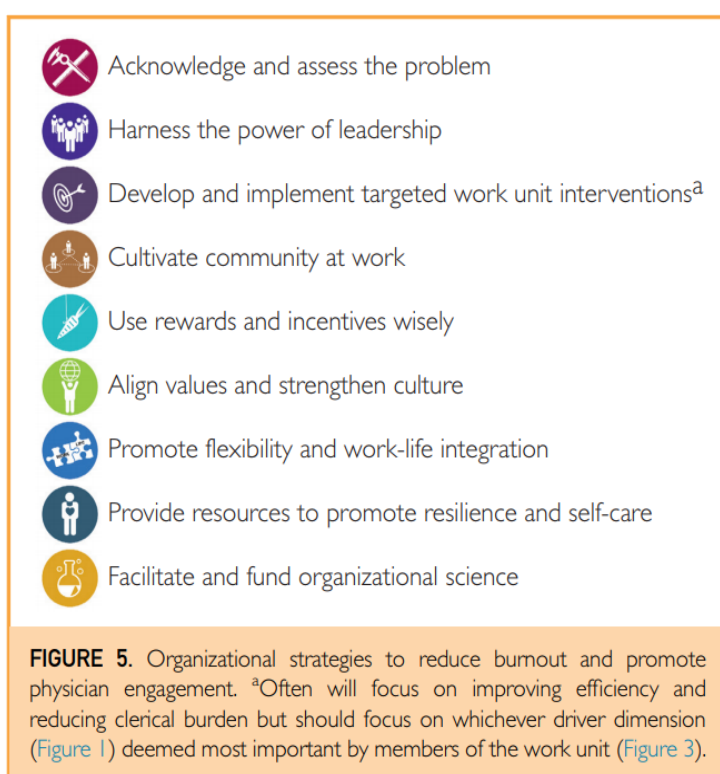
Burnout is a System Issue

Workplace burnout is widely recognized to negatively affect one's well-being, and is defined as "a psychological syndrome in response to chronic interpersonal stressors on the job. It includes an overwhelming exhaustion, feelings of cynicism and detachment form the job, and a sense of ineffectiveness and lack of accomplishment."[2] Burnout affects workers across different sectors, including health care. Physician burnout in the U.S. exceeds fifty percent and includes medical students, physician trainees, and practicing physicians costing approximately $4.6 billion in costs each year related to physician turnover and reduced clinical hours.[3-4] However, burnout is not limited to physicians—there is evidence that other health care workers experience burnout as well, including nurses,[5] social workers,[6] and mental health providers.[7]

Burnout has many effects on the individual level, including lower organizational commitment, turnover and poor job performance.[8] Burnout also has adverse effects on patient care and is linked to an increased number of patient safety incidents, decreased quality of care due to lower professionalism, and lower patient satisfaction.[9] Recent health care workforce studies have recognized that care of the patient requires care of the clinician and have recommended adding "improving the work life of health care providers, including clinicians and staff" to the Institute for Health Care Improvement's Triple Aim—enhancing patient experience, improving population health, and reducing cost.[10]

Burnout is caused by a combination of factors in one's internal and external environments. Although the intersection of these factors impacts an individual's experience uniquely, it is widely recognized that external factors, including the role of the social determinants of health in caring for patients, are the biggest contributors to burnout.[11]

Extensive evidence suggests that a systems-thinking approach that is deliberate, sustained and comprehensive in the organization and practice environment is necessary to addressing clinician well-being, resilience and burnout.[12-13] System factors that contribute to burnout may include the learning and practice environment, such as social support and community at work. In order to address burnout within health care organizations and schools, it is critical to adopt a whole-systems approach to improving the wellbeing of staff, which has been shown to promote healthier behaviors and improve wellbeing.[14] The Mayo Clinic provides a model that recommends steps to building organizational-level changes within nine key areas (Figure 1).[12]

Figure 1: Organizational Strategies to Reduce Burnout

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions[a]
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science

FIGURE 5. Organizational strategies to reduce burnout and promote physician engagement. [a]Often will focus on improving efficiency and reducing clerical burden but should focus on whichever driver dimension (Figure 1) deemed most important by members of the work unit (Figure 3).

Children's National Case Example:
Mindful Mentors Program

The Mindful Mentors program teaches mindfulness techniques to decrease stress and anxiety among staff, patients, and families.

Vicki Freedenberg, PhD, APRN, electrophysiology nurse scientist and Conway Nursing Research Scholar at Children's National Health System started the Mindful Mentors Program at Children's National Heart Institute after seeing a need to address patient stress levels. "I was seeing a lot of teens who exhibit anxiety because they're at a stage in life where they just want to be like everybody else, but having a chronic illness makes them feel different from their peers," Freedenberg says. "I wanted to find a way to address their stress in an evidence-based, non-pharmacologic way."

With support and funding from the C. Richard Beyda Professorship under Gerard Martin, MD, FAAP, FACC, FAHA, Freedenberg launched the Mindful Mentors pilot in 2018, a train-the-trainer mindfulness stress reduction program to help adolescent patients with heart arrhythmia, pacemakers, or defibrillators manage stress. A cohort of 37 staff received two, eight-hour intense days of training led by

> *"We can't be fully present with our patients if we don't have our own stress under control."*
> *– Vicki Freedenberg*

nationally recognized experts in mindfulness medicine. Participants learned mindfulness techniques such as meditation, and had **interactive education in topics such as emotional boundaries, self-compassion, non-violent communication, misconceptions, and mindful listening and speaking**. The participants also attended monthly check-ins and had continuing education sessions related to mindfulness in medicine throughout the year. The first cohort consisted of employees from across the organization, including nurses, physicians, child life specialists, social workers, psychologists, and techs.

At the conclusion of the program, Mindful Mentors **participants reported decreased stress, burnout and anxiety, and improved mindfulness, self-efficacy in providing non-drug approaches, and calm, compassionate care**, compared to where they started a year before. Each participant also proposed a project that would impact their units in a long-term and meaningful way. Some of the projects being worked on include daily meditation programs for staff, relaxation boxes and deep breathing technique videos for patients and a Mindfulness Mentor on-call program for patients needing intervention.

Nurse Practitioner Rachel Steury, MSN, APRN, FNP-C, and Exercise Physiologist Megan Smith, MS, plan to create a "personal recharging station" in the Cardiology Clinic waiting room, modeled after cell phone charging stations. They envision a tower with several pockets of information, including a basic introduction to mindfulness and how it can reduce stress, a guide for basic meditation exercises, and a list of other resources patients and families can seek out. "Many of our patients end up needing some sort of diagnostic test when they visit us, which can be a big source of stress for them even if it's non-invasive," Steury says. "And the waiting room can be a source of stress itself, so we are intentionally targeting that area. We hope they will look at the resources while they're waiting, and we can also refer them back to it as they leave the clinic."

In March 2019, the Mindful Mentors program was awarded the second annual Children's National Core Values Team Award and $10,000 to support their efforts. Twenty-one teams were nominated for the award, which was presented during Children's National Patient Experience Week. Children's National 2019 Patient Experience Week theme on Connecting to Wellness featured sessions on finding ways to promote wellness within ourselves and our patients and families.

For more information on Mindful Mentors, contact Vicki Freedenberg at VFreeden@childrensnational.org.

Mary's Center Case Example:
Trauma-Informed School Training

The intro to trauma workshop helps schools build a culture where staff can better support students who have experienced trauma while understanding the importance of self-care and building relationships.

Established in 2014, Mary's Center School Based Mental Health Program supports children, families, and communities by promoting behavioral wellness at 19 schools in Washington, D.C. Mary's Center is a Federally Qualified Health Center in DC and Maryland that aims to build better futures through the delivery of health care, education, and social services by embracing culturally diverse communities and providing the highest quality care, regardless of ability to pay.

In 2018, Mary's Center school-based mental health staff delivered introduction to trauma trainings to teachers and other school staff at Bruce-Monroe Elementary School. Bruce-Monroe ES is an English and Spanish dual language school that serves 473 students from preschool to 5th grade who are predominately Hispanic/Latino (76%) and Black (14%). Maureen O'Keefe, LICSW, a clinical supervisor and therapist based at Bruce-Monroe ES, developed and **implemented trauma trainings in collaboration with clinical staff for school staff to help them understand the impact of ACEs, intergenerational trauma, and how the body responds to trauma**. "The 5th grade team first approached our staff because they were feeling burned out and were dealing with student behavioral health problems."

"The number one way to heal trauma is through relationship-building."
– Maureen O'Keefe

The first part of the training focuses on trauma 101, including what is trauma, why does emotional expression related to trauma occur, and how does it impact student success. The second objective of the training is to provide seven techniques to use to address emotional expressions in the classroom. The last technique presented to staff addresses self-care and stresses the importance staff prioritizing caring for their own needs. "The analogy of securing your own oxygen mask before assisting others in case of emergency really resonated with school staff." One teacher started a mindfulness club open to all staff that meets once a month after school.

Following the trainings, Mary's Center compiled and sent out a list of local private practices that took insurance to encourage mental health care. After the first training, the 5th grade teachers advocated to school administration that the training be mandatory for all staff across all grades. To date, **five workshops have been delivered for all school staff that has improved staff morale and the school environment.**

System-wide changes have also occurred over a short period of time including that the school will be hiring another physical education teacher to teach a mindfulness class to students. Per the recommendation from Mary's Center staff, changes to the school's physical environment has taken place including changing classroom lighting to low lights, creating 'cool down corners' in classrooms where students can take breaks, and placing air diffusers in classrooms. Key takeaways from this effort include understanding that trauma is ongoing and that having the administration's support is very important to making efforts sustainable. "By building relationships between staff and students, schools can build resiliency and wellness within the school." The training will be offered again in the upcoming school year and offered to three other schools where Mary's Center provides mental health services.

For more information on the Trauma Informed School Training, contact Maureen O'Keefe at mokeefe@maryscenter.org.
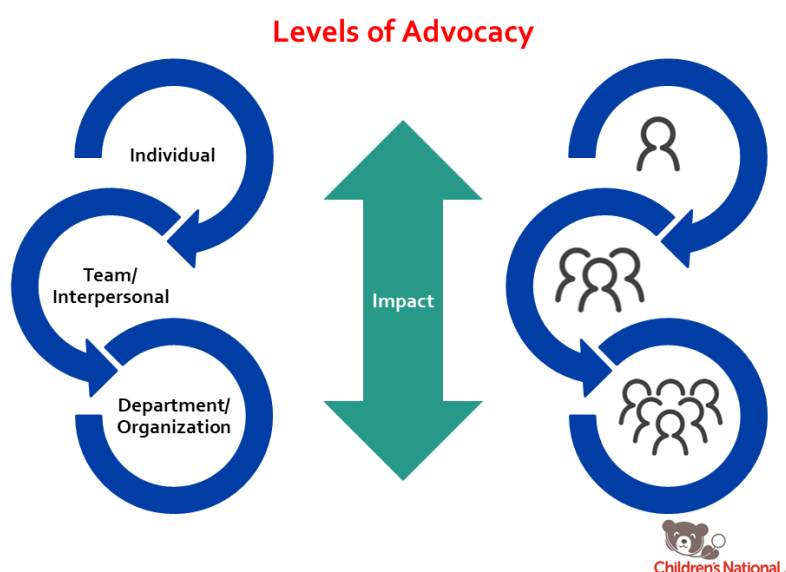
Advocacy 101

There is an opportunity for health care professionals to promote workplace policies that encourage self-care and wellness through individual, interpersonal, and organizational level advocacy. In our day-to-day work, we are advocates on the individual level all the time. Advocacy can be elevated to three higher levels including the individual, team, and organization.

As you can see from Figure 2, each level of advocacy can build upon the previous level. At each level, the importance of building a coalition, or group of supporters, and building a collective identity, or shared goals and objectives, is very important. Beyond organizational level advocacy, there are opportunities to enact community and system-level changes, such as workforce legislation on better data collection and information infrastructure.

Figure 2

Source: Children's National Child Health Advocacy Institute

Definitions

Advocacy:
"To speak up, to plead, or to champion for a cause while applying professional expertise and leadership to support efforts on individual (patient or family), community, and legislative/policy levels, which result in the improved quality of life for individuals, families, or communities."[15]

Advocacy in Health Care:
"Action by a physician [or other member of the health care team] to promote those social, economic, educational, [institutional] and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise."[16]

"Collective advocacy to address the harmful social determinants of health can buoy physicians' morale and thus be an act of self-care; organizing toward collective action looking after both our patients and ourselves."
– Leo Eisenstein,
Harvard Medical Student[17]

Advocacy in Action: Worksheets

The following worksheets are intended to be used to establish an advocacy plan for workplace wellness at the individual, team/interpersonal, and department/organizational level with examples provided. See Appendix for blank worksheets.

Individual Worksheet

What can you do in 5 minutes, in 30 minutes, in an hour or more to boost wellness in the workplace?

Time	Intention or Activity	Action Plan
5 Minutes	• Define your self-care goals: What do you need on a daily basis to thrive at work? • Reflect and identify potential changes to policies, practices, and institutional culture that supports wellness	• Schedule 15 minutes a day for a mental or physical break • Research wellness tips to send out with team meeting agendas
30 Minutes or Less	• Share your self-care goals with an accountability partner to ensure each person fulfills goals • Develop and disseminate a staff engagement survey to your team/department/organization that identifies wellness needs and priorities	• Request that one-hour meetings end 10 minutes early so I have time to respond to emails and prepare for next meeting • Create an anonymous engagement survey to send to staff on job satisfaction and wellness needs
1 Hour or More	• Take a mindfulness training to help learn how to self-regulate emotions in moments of high stress • Host a meeting to brainstorm ideas with colleagues on how to change policies, practices and institutional culture that supports wellness	• Include a wellness activity in team retreat • Summarize and share tips with team members from health care sector wellness literature

*Example on the following page provided by Children's National Health System trauma-informed care education policy and program effort. For more information, contact Binny Chokshi, MD, Assistant Professor of Pediatrics, Co-Medical Director of Healthy Generations Program, Goldberg Center for Community Pediatric Health at BChokshi@ childrensnational.org or Simmy King DNP, MS, MBA, RN-BC, NE-BC, Nursing Director, Clinical Information Systems & Professional Development; Assistant Professor of Pediatrics, The George Washington University School of Medicine and Health Sciences at Simmy.King@childrensnational.org.

Team Worksheet:
Starting and Sustaining a Workplace Wellness Program or Initiative*

Instructions: Complete the following table as a team to help launch a wellness program/initiative.

#	Question	Response
1.	What program are you looking to launch, improve or expand?	Launch trauma-informed system trainings for clinical staff across the organization.
2.	Is it the right time to launch or expand a program? Consider what resources and leadership support are needed.	Hospital leadership has been notified that this issue is a priority area and they are informed of the training timeline and deliverables.
3.	How does the program align with programmatic, departmental, or organizational goals? How is the program connected to other programs and how can resources be leveraged? *Tip: Tie efforts into existing policies and priorities – e.g., the Every Student Succeeds Act aims to build state, district and school capacity to support student mental health and wellness.*	Our hospital emergency room has seen an uptick in violent outbreaks from patients with mental health issues, raising safety concerns for staff and patients. A workgroup has been launched that led to the decision to host trauma-informed system trainings. Mental health is one of our strategic goals identified in our community health needs assessment and building workforce capacity to address mental health concerns is a strategic action area.
4.	What background data or information do you need to support the program? *Tip: It's unlikely you will need to start efforts from scratch. Collection of original data (e.g., key informant interviews, focus groups) and published data can help build the case for support.*	More data from staff are needed to understand what skills and learning objectives they expect to receive from the training. We will complete a needs assignment for each target audience (employees, patients, etc.), which is an important first step in determining what the learning gap is. The needs assessment will support the literature review and the development a learner based educational program.
5.	Who are members of the planning team and how often will they meet? Recommendation: Appoint an organizational leader as a program sponsor or champion. *Tip: Consider using a team charter to help delineate team roles and responsibilities.*	The planning team includes ED department, medical and nursing leadership, with the guidance of the hospital chief nursing officer. Nursing leadership involvement allowed us to make trainings required for all nursing staff in AY18.
6.	Who will manage the day-to-day aspects of the program including communicating, monitoring and evaluating results? What data will you collect and evaluate to demonstrate it is successful? *Tip: Health care teams in clinic and community workspaces are multidisciplinary. Consider forging collaborations that bring together physicians, nurses and ancillary staff.*	The leader of this effort includes two staff from the medical and nursing departments who are the direct liaison between the training partners (SAMHSA) and hospital leadership. We did literature review to identify tool to assess knowledge, attitude, and skill related to trauma informed care and will do pre- and post- survey analysis of participants to assess these areas.
7.	How will the program be funded and sustained?	Trainings are done by a federal institution, SAMHSA, therefore are given at no cost.
8.	How will you counteract naysayers? Is there evidence to support the need for the program? *Tip: Be prepared to share how much the program will cost, time commitment required of staff, how it fits in to other organizational efforts, and what is its return on investment.*	There is building evidence across the nation and locally for the need for trauma-informed health systems. The challenge will be to sustain efforts following the completion of the training. We are planning to have mini-lectures and develop resources that can be shared following the completion of the trainings.

Organization Worksheet:
Identify strategies to address key organizational drivers that foster a resilient health care workforce**

Instructions: Complete the following table as an individual or team to identify and discuss potential strategies to overcoming departmental/organizational drivers of burnout.

Key Drivers	Strategies	Resources Needed	Challenges/Barriers
Workload and job demands	• Integrate staff wellness metrics in employee performance management systems	• Performance management system and management training	• Leadership support and buy-in
Efficiency and resources	• Ongoing training and resources on the impact of compassion fatigue and secondary trauma with regular staff check-ins	• Guest speakers and mental health support staff	• Funding support
Meaning in work	• Schedule chat and chews to give an opportunity for staff to build relationships	• Administrative support	• Schedule conflicts
Organizational culture and values	• Incorporate mindfulness into clinical rounds, staff meetings and retreats	• Mindfulness speakers	• Making mindfulness a priority with competing agenda items
Control and flexibility	• Ability of staff to have access to schedule at least six months in advance	• Workplace scheduler	• Patient volume and scheduling changes
Social support and community at work	• Allow time at meetings to share gratitude and highs/lows during the week	• Time	• Other work priorities
Work-life integration	• Offer flexible work schedule and telework policy	• Workplace scheduler	• Adequate clinic coverage
Other drivers (list):	• Conduct study on pay equity	• Staff or consultant time	• Financial resources

**Adapted from the Mayo Clinic's Drivers of Burnout and Engagement in Physicians.

Conclusion

The following recommendations were distilled from local interviews on how to build and sustain staff wellness efforts throughout a health care environment:

1. Describe the interconnection between patient and family health and satisfaction outcomes with employee wellness efforts.

2. Collect and share the evidence-base on existing wellness efforts that look at staff and patient outcomes while recognizing that it takes time to build the evidence-base.

3. Increase coordination of efforts around this issue across clinical disciplines and departments and involve human resources and occupational health staff.

4. Identify wellness champions, staff who have protected time to support organizational wellness efforts during scheduled work hours.

5. Compile and share a clearinghouse of wellness resources and a list of staff who are wellness champions.

6. Offer flexibility and incentivize participation in workplace programs through different modalities, as every individual and worksite is unique.

7. Create a workplace environment that fosters a psychological safe space that allows staff to openly and honestly give feedback. Supervisors and mentors could include wellness questions into oversight of staff as well as providing support resources as needed.

8. Implement workplace policies that require ongoing feedback sessions and an ability to make a schedule at least 6 weeks in advance.

9. Dedicate physical spaces for clinical staff to decompress such as staff lounges, coffee bars, a gym, and libraries.

10. Reward staff at all levels so people feel appreciated and that they are part of a larger team.

"Strengthening social connections in the workplace must be a strategic priority. That can only happen if all levels of the organization are committed to creating a culture that prioritizes authentic connection."
– Dr. Vivek Murthy, former U.S. Surgeon General

Wellness is a journey and the path that each of us takes is unique to get the results needed to be our fullest self. Not one program or practice will be a silver bullet to addressing workplace burnout and staff retention. However, through being advocates for workplace wellness, all of us can have a role in creating thriving environments that foster mental wellness, from our teams to our organizations. One does not need to be an expert in order to lead or engage in workplace wellness programs and practices. When on your journey to wellness, leadership support, protected time and resources are necessary to engage fully in efforts to build a resilient health care workforce.

We hope this tool will help health care professionals start, advance and sustain workplace wellness efforts—at the individual and organizational level. Please share your feedback on how you use the tool and what other resources you found helpful in building a resilient health care workforce.

Further Reading

Health Care Environment Resources

- **Developing Your Self-Care Plan** - http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html

- **Clinician Well-Being Knowledge Hub** - https://nam.edu/clinicianwellbeing/

- **The Resilience Project** - https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/

School Environment Resources

- **Health Promotion for School Staff** - https://www.healthiergeneration.org/take_action/schools/employee_wellness/

- **Hallways to Health: Creating a School-Wide Culture of Wellness Toolkit** - https://tools.sbh4all.org/t/hallways-to-health/#xii

- **Healthy School, Healthy Staff, Healthy Students: A Guide to Improving School Employee Wellness** - https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/school_employee_wellness/nacdd_schoolemployeewellness.pdf

- **Educating the Whole Child: Improving School Climate to Support Student Success** - https://learningpolicyinstitute.org/product/educating-whole-child-brief

Acknowledgements

About DC Health Matters Collaborative

The DC Health Matters Collaborative is comprised of five hospitals and four federally qualified health centers that combine efforts and resources to assess and address community needs in the District of Columbia. The DCHMC is leading a Community Health Improvement Plan to address four priority community needs including care coordination, health literacy, mental health, and place-based care. In 2016, the DCHMC made the decision to use a population health framework for the Community Health Improvement Plan that focuses on policy and systems change instead of focusing on individual health programs or disease. This work is undertaken in partnership, is data-driven, and engages the community. The ultimate pursuit is an equitable and sustainable state of health for District of Columbia residents.

References

1   DC Health Matters. Poor Mental Health: Average Number of Days Indicator. DCHealthMatters.org. Accessed April 29, 2019.

2   Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol. 2001;52:397-422.

3   Rothenberger DA. Physician Burnout and Well-Being: A Systematic Review and Framework for Action. Diseases of the Colon & Rectum. 2017;60(6): 567-576.

4   Zhang Y, et al. Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. Journal of Nursing Management. 2018;26(7):810-819.

5   Han, S, Shanafelt TD, Sinsky, CA, Awad, KM, Dyrbye, LN, Fiscus LC, Trockel, M, Goh, J. Estimating the Attributable Cost of Physician Burnout in the United States. Annals of Internal Medicine. 2019;170(11):784-790.

6   Wagaman MA, Geiger HM, Shockley C, Segal EA. The Role of Empathy in Burnout, Compassion Satisfaction, and Secondary Traumatic Stress among Social Workers. Social Work. 2015;60(3):201-209.

7   Dreison, KC, et al. Job burnout in mental health providers: A meta-analysis of 35 years of intervention research. Journal of Occupational Health Psychology. 2018;23(1):18-30.

8   Azam K, Khan A, and Muhammad TA. Causes and Adverse Impact of Physician Burnout: A Systematic Review. Journal of the College of Physicians and Surgeons—Pakistan. 2017;27(8):495-501.

9   Panagioti M, et al. Association between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. JAMA Intern Med. 2018;178(10):1317-1330.

10   Bodenheimer T and Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Annals of Family Medicine. 2014;12(6):573-576.

11   Eisenstein L. To Fight Burnout, Organize. NEJM Catalyst. 2018. https://catalyst.nejm.org/burnout-sdoh-collective-action/   Accessed April 29, 2019.

12   Shanafelt TD and Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organization Strategies to Promote Engagement and Reduce Burnout. 2017;92(1):129-146. http://dx.doi.org/10/1016/j.mayocp.2016.10.004

13   Brigham T, et al. A journey to construct an all encompassing conceptual model of factors affecting clinician well-being and resilience. NAM Perspectives. 2018. https://nam.edu/wp-content/uploads/2018/01/Journey-to-Construct-Conceptual-Model.pdf. Accessed on April 29, 2019.

14   Brand SL, et al. Whole-system approaches to improving the health and wellbeing of healthcare workers: A systematic review. PloS one. 2017;12(12):e0188418.

15   Wright et al. Toward the Development of Advocacy Training Curricula for Pediatric Residents: A National Delphi Study. Amb Ped. 2005

16   Adapted from Earnest et al., "Physician Advocacy: What Is It and How Do We Do It"

17   Eisenstein L. To Fight Burnout, Organize. NEJM Catalyst. 2018. https://catalyst.nejm.org/burnout-sdoh-collective-action/   Accessed June 10, 2019.

Appendix: Blank Worksheets

Individual Worksheet

What can you do in 5 minutes, in 30 minutes, in an hour or more to boost wellness in the workplace?

Time	Intention or Activity	Action Plan
5 Minutes	• Define your self-care goals: What do you need on a daily basis to thrive at work? • Reflect and identify potential changes to policies, practices, and institutional culture that supports wellness	
30 Minutes or Less	• Share your self-care goals with an accountability partner to ensure each person fulfills goals • Develop and disseminate a staff engagement survey to your team/department/organization that identifies wellness needs and priorities	
1 Hour or More	• Take a mindfulness training to help learn how to self-regulate emotions in moments of high stress • Host a meeting to brainstorm ideas with colleagues on how to change policies, practices and institutional culture that supports wellness	

Team Worksheet:
Starting and Sustaining a Workplace Wellness Program or Initiative*

Instructions: Complete the following table as a team to help launch a wellness program/initiative.

#	Question	
1.	What program are you looking to launch, improve or expand?	
2.	Is it the right time to launch or expand a program? Consider what resources and leadership support are needed.	
3.	How does the program align with programmatic, departmental, or organizational goals? How is the program connected to other programs and how can resources be leveraged? *Tip: Tie efforts into existing policies and priorities – e.g., the Every Student Succeeds Act aims to build state, district and school capacity to support student mental health and wellness.*	
4.	What background data or information do you need to support the program? *Tip: It's unlikely you will need to start efforts from scratch. Collection of original data (e.g., key informant interviews, focus groups) and published data can help build the case for support.*	
5.	Who are members of the planning team and how often will they meet? Recommendation: Appoint an organizational leader as a program sponsor or champion. *Tip: Consider using a team charter to help delineate team roles and responsibilities.*	
6.	Who will manage the day-to-day aspects of the program including communicating, monitoring and evaluating results? What data will you collect and evaluate to demonstrate it is successful? *Tip: Health care teams in clinic and community workspaces are multidisciplinary. Consider forging collaborations that bring together physicians, nurses and ancillary staff.*	
7.	How will the program be funded and sustained?	
8.	How will you counteract naysayers? Is there evidence to support the need for the program? *Tip: Be prepared to share how much the program will cost, time commitment required of staff, how it fits in to other organizational efforts, and what is its return on investment.*	

Organization Worksheet:
Identify strategies to address key organizational drivers that foster a resilient health care workforce**

Instructions: Complete the following table as an individual or team to identify and discuss potential strategies to overcoming departmental/organizational drivers of burnout.

Key Drivers	Strategies	Resources Needed	Challenges/ Barriers
Workload and job demands			
Efficiency and resources			
Meaning in work			
Organizational culture and values			
Control and flexibility			
Social support and community at work			
Work-life integration			
Other drivers (list):			

*__**Adapted from the Mayo Clinic's Drivers of Burnout and Engagement in Physicians.__*