

Towards Wellbeing 2.0

better clinicians, safer patients

A photograph taken from the cockpit of a helicopter, looking out over the Sydney Harbour Bridge and the Sydney Opera House. The pilot is wearing a blue helmet with a name tag that reads "G. JOHANSSON MED BY AIR" and a yellow high-visibility vest. The cockpit instruments are visible in the lower left corner.

CareFlight

Different hats



Director of Education & Retrieval
Specialist , CareFlight



NSW Ambulance
(Toll/NSWA & SRC)



RPA ED Staff Specialist
SLHD MDOK – deputy director



About Us

Innovations &
Progress

Knowledge Hub

Toolkit for
Organizations

Self-Assessment

Resources at
Stanford

Video Resources



Chief Wellness Officer Course

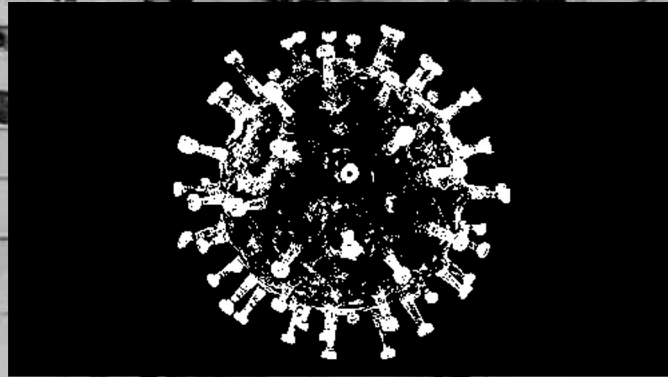


Chief Wellness Officer Course



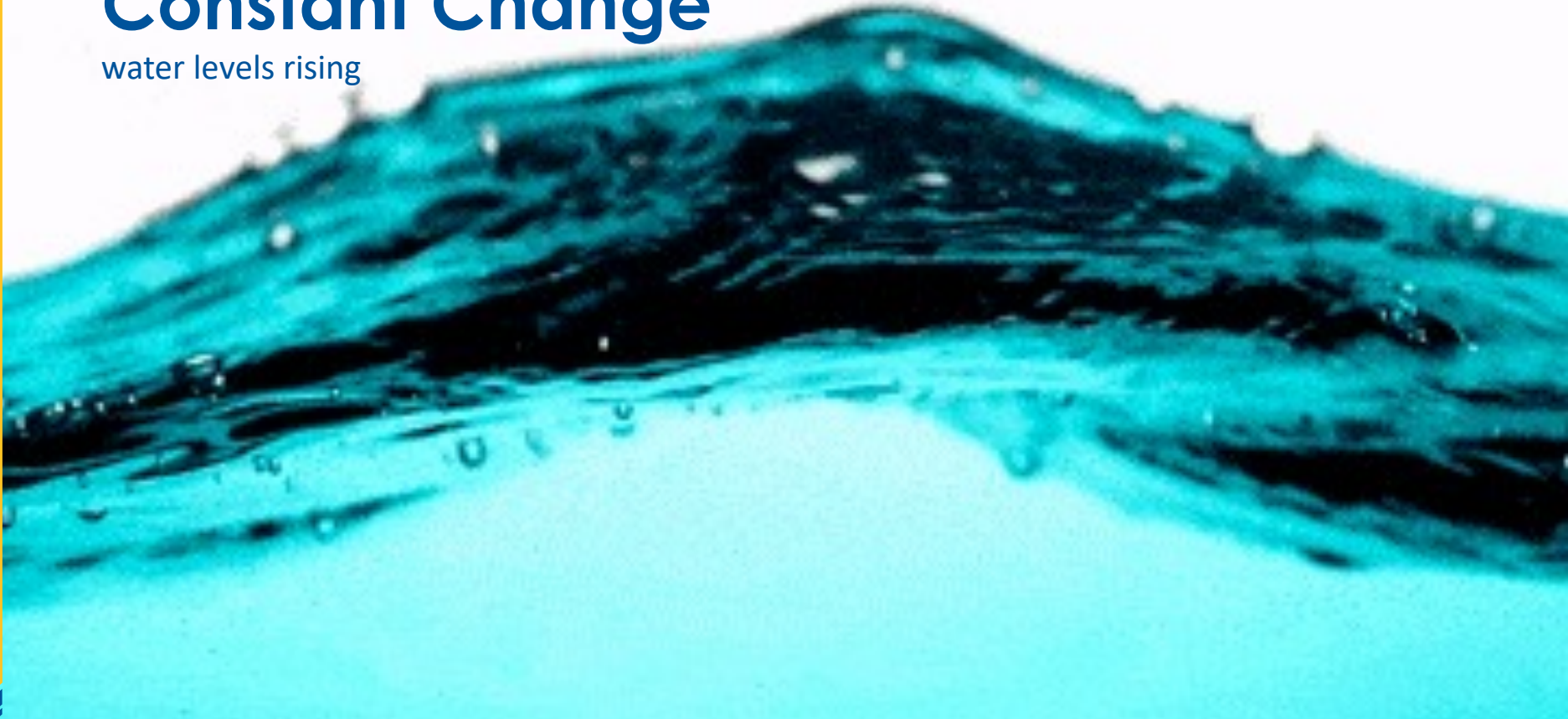
100 year event

V.U.C.A volatile, uncertain, complex, ambiguous



Constant Change

water levels rising



Emergency Services

Bushfires, floods, COVID-19, more floods, more COVID-19, more floods, more COVID-19...



Bushfires



Floods



COVID-19

relentless

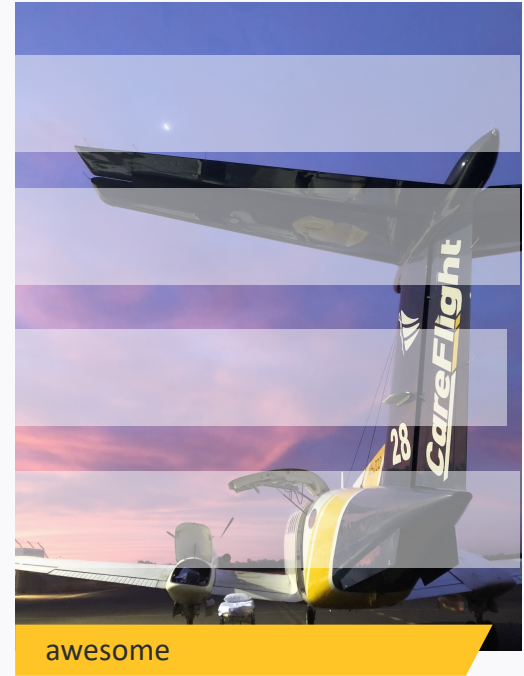
Familiar?



Burnout - the next pandemic



Protective factors



Emotional exhaustion

Depersonalisation

Reduced professional efficacy



Burnout

Burnout

Understanding the burnout experience: recent research and its implications for psychiatry

Christina Maslach¹, Michael P. Leiter²

¹Psychology Department, University of California at Berkeley, Berkeley, CA 94720, USA; ²Centre for Organizational Research & Development, Acadia University, Wolfville, NS B4P 2R6, Canada

Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.

The three key dimensions of this response are

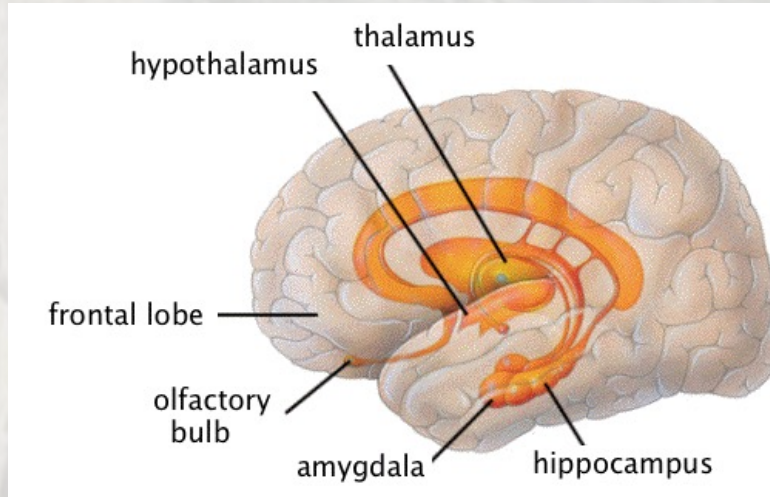
- **an overwhelming exhaustion**
- **feelings of cynicism and detachment from the job** and
- **a sense of ineffectiveness and lack of accomplishment**

(World Psychiatry 2016;15:103–111)

Blending



Neurobiology of human connection



Am I safe?

Do I matter to you?

1. Energy

They invest in the exchange that is occurring

2. Individualisation

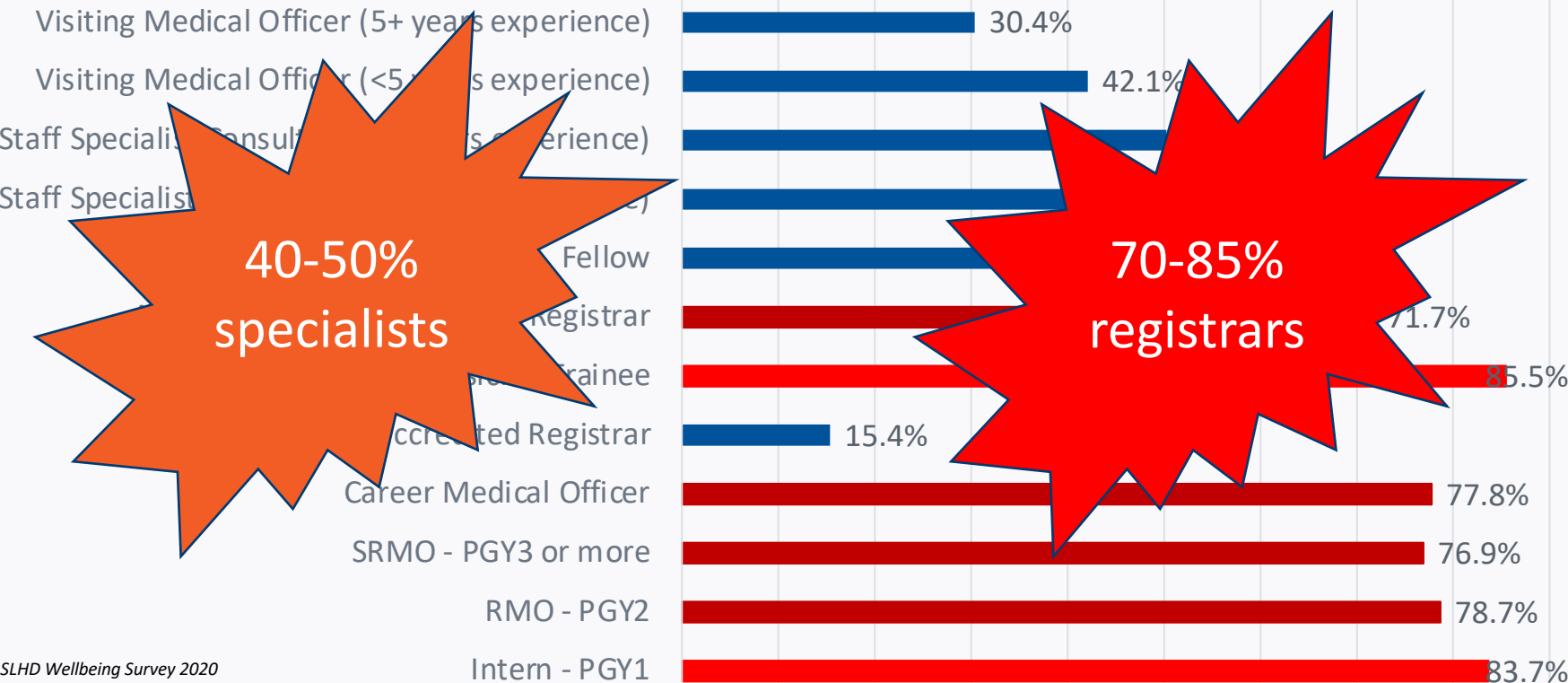
They treat the person as unique and valued


3. Future orientation

They signal the relationship will continue



Doctor burnout rates by level of training



Executive Leadership and Physician Well-being:  CrossMark
 Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

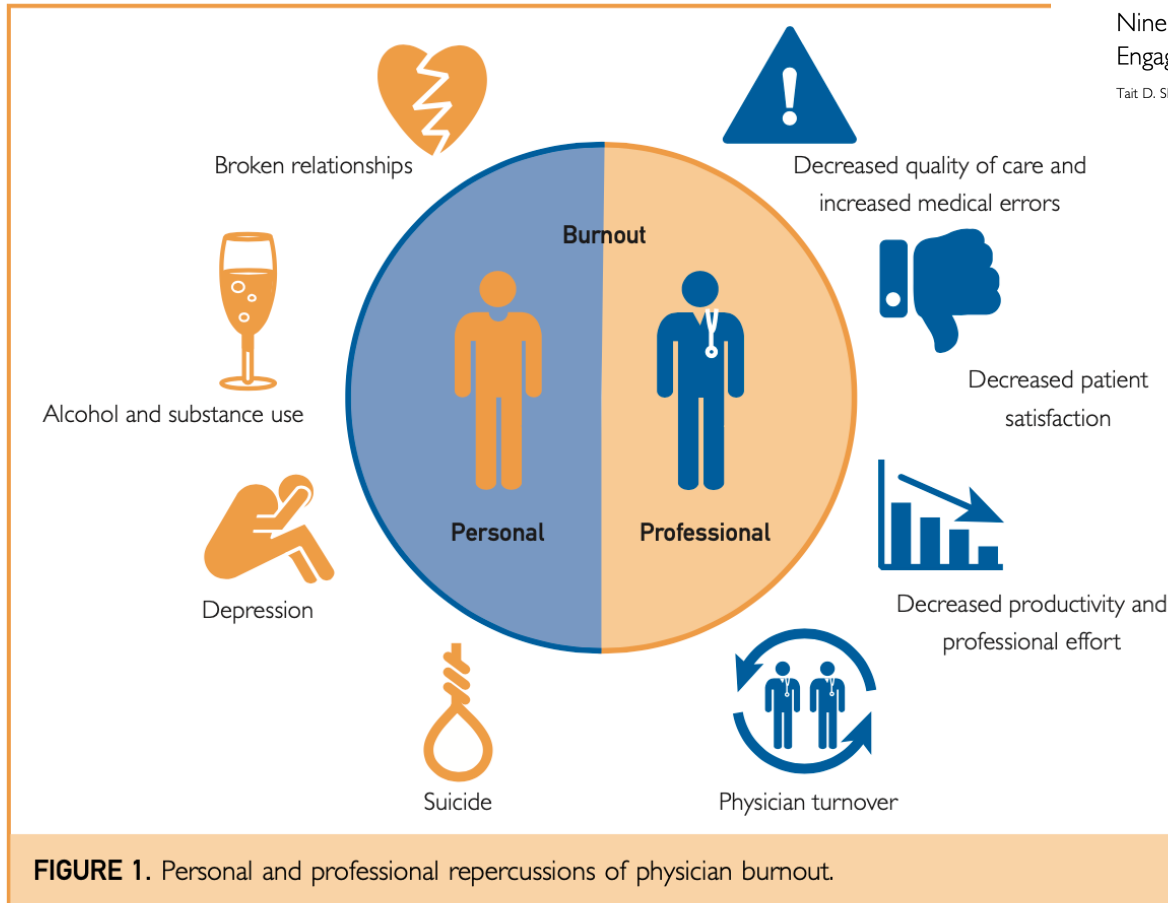


FIGURE 1. Personal and professional repercussions of physician burnout.

Corporate
knowledge
Cost

- Recruitment,
- Time
- Inefficiency

Incredibly convincing business case to address burnout!

Doctors die each year by suicide (likely underestimate)

Yearly cost of medical errors, turnover, sick leave due to burnout

Human toll of burnout (staff wellbeing, patient safety, satisfaction and outcomes)



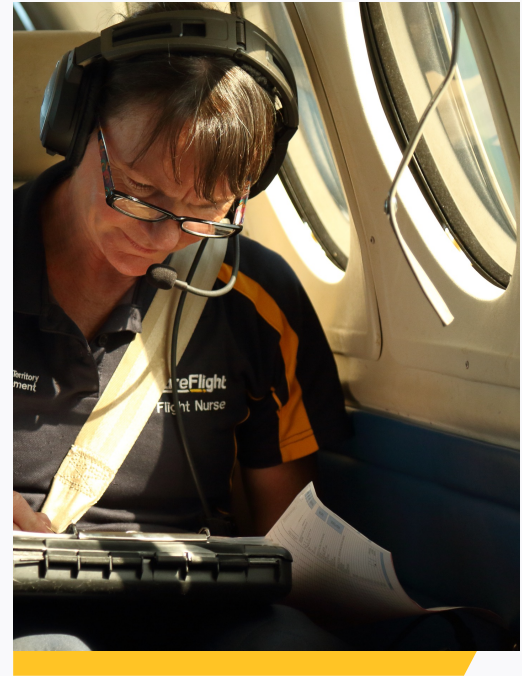
Cost of replacing ONE physician, loss to medical profession, training costs, revenue loss

Doctors suffering from depression, burnout or both

If only 2% decrease in efficiency/productivity (ABF)= 5572 NWAU

The unknown

Pilots, crewies, nurses, paramedics, engineers, ground staff, admin, exec etc.



EXECUTIVE LEADERSHIP AND PHYSICIAN WELL-BEING

Executive Leadership and Physician Well-being: 

Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

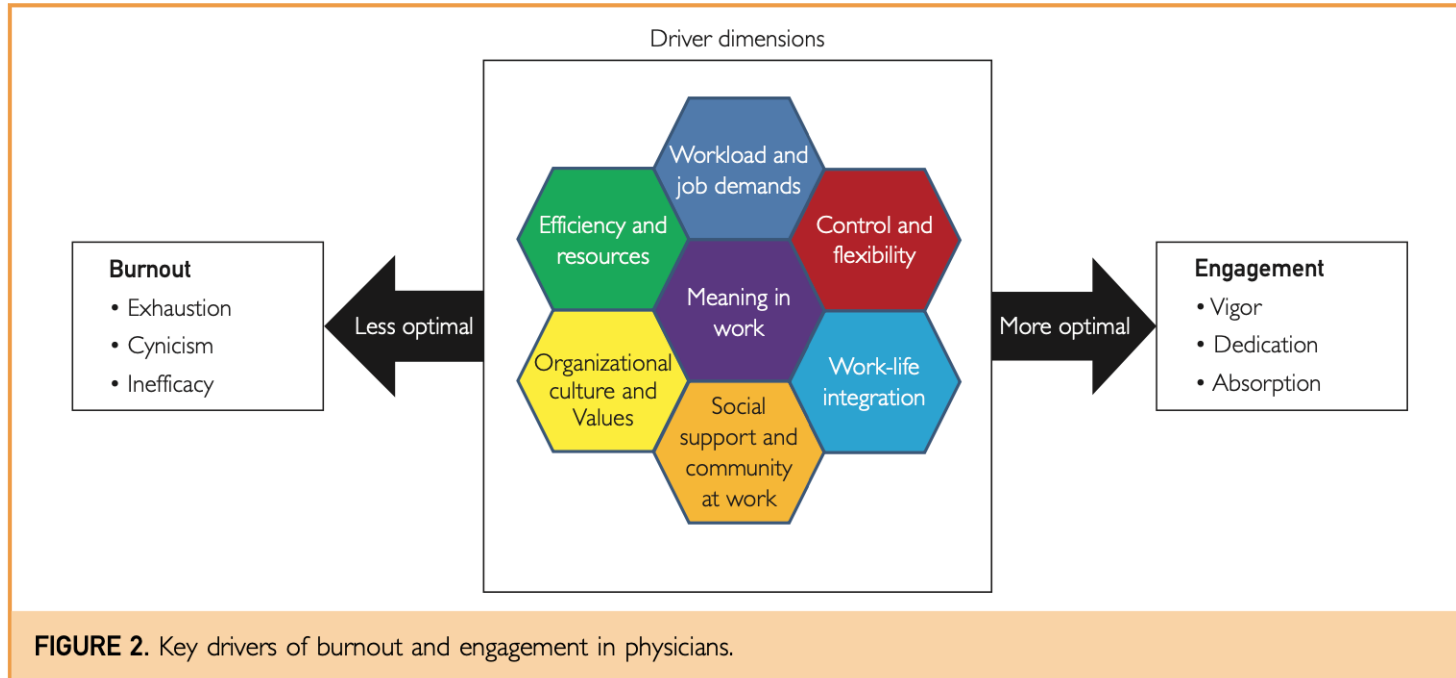


FIGURE 2. Key drivers of burnout and engagement in physicians.

Different stressors

Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Jon Ripp, MD, MPH, Mary Lou Murphy, MS, Christy Sandborg, MD, and Bryan Bohman, MD

Academic Medicine, Vol. 94, No. 2 / February 2019

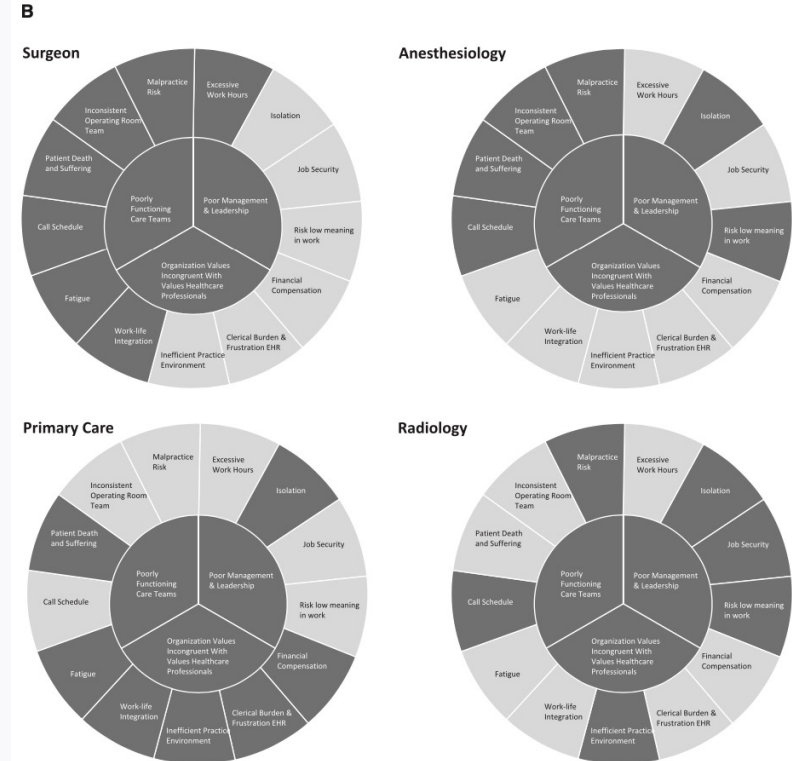
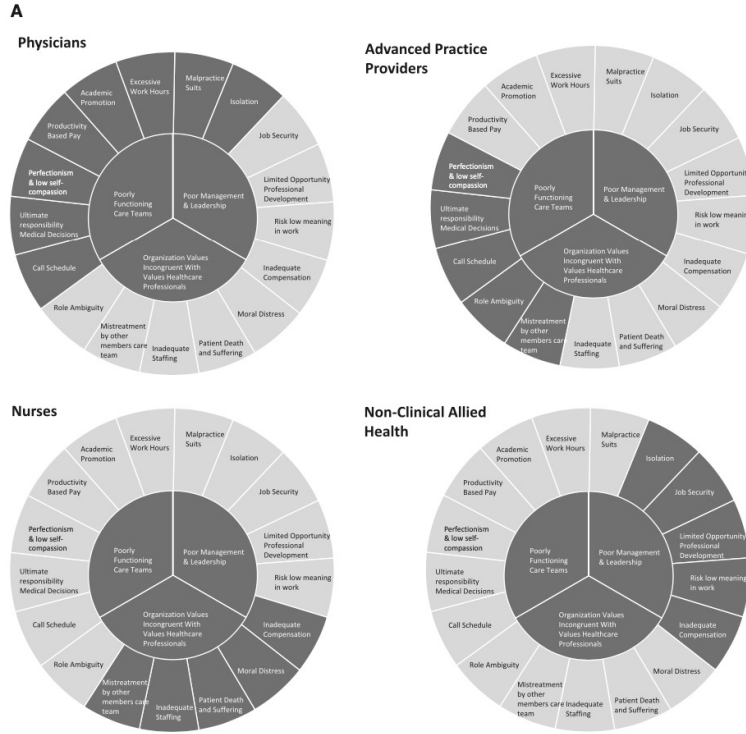


Figure 1 An illustration of how relative importance of stressors may differ by occupation and discipline. A: Illustration of how relative importance stressors may aggregate differently by occupation. B: Illustration of how relative importance of stressors may vary between different disciplines within the same occupation. Darker shading indicates greater relevance. (Figure continues)

Figure 1 (Continued)

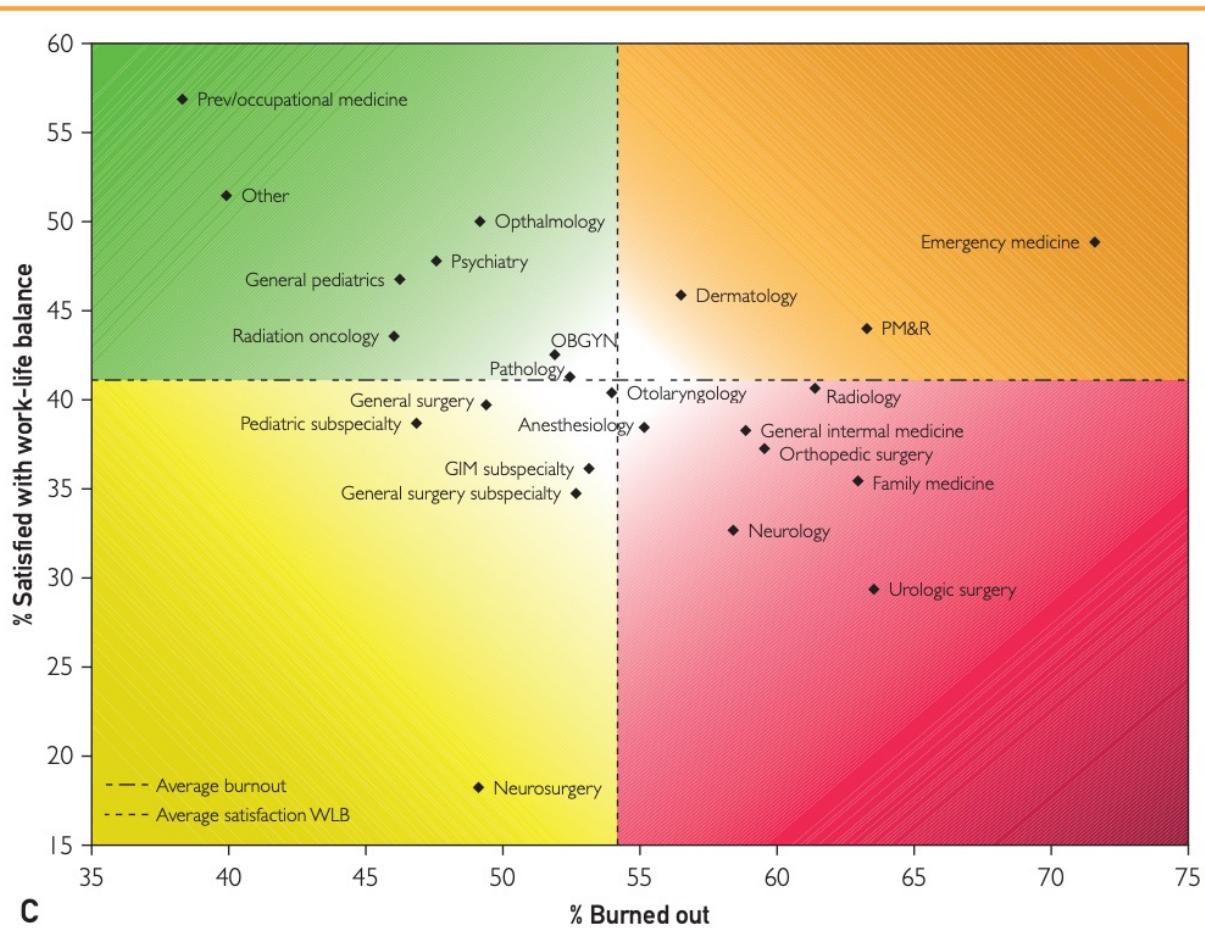


FIGURE 1. (continued).

A blue-tinted photograph of a CareFlight helicopter on a road. Several paramedics in high-visibility vests are attending to a patient on a stretcher. The helicopter has "mounties care" and "CareFlight" logos. The background shows trees and a road.

No one experience
No "one size fits all" solution

CareFlight

A CareFlight helicopter, registration VH-HPL, is parked on the side of a road. Several medical staff members in high-visibility gear are gathered around a patient on a stretcher. One staff member is wearing a bright orange jumpsuit. The helicopter has 'CareFlight' and 'mountain care' logos. The scene is set in a wooded area with trees in the background.

HIGH RISK GROUP

CareFlight

A blue-tinted photograph of an emergency scene. In the center, a person is lying on a stretcher or gurney, being attended to by several medical professionals. One person in the foreground has a vest labeled 'CareFlight DOCTOR'. Another person to the right has a vest labeled 'NURSE'. A third person in the background has a vest labeled 'NURSE'. The scene is outdoors, possibly in a wooded or brushy area. A fire extinguisher is visible on the right. The overall tone is serious and focused on medical care.

“Wellbeing” - what are we aiming for?

Evolution – Resilience (the R word)

From Resilience to Professional Fulfilment

Resilience

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.

<https://www.apa.org/topics/resilience>



Evolution – Wellbeing

From Resilience to Professional Fulfilment

Wellbeing

Wellbeing is not just the absence of disease or illness. It's a **complex combination of a person's physical, mental, emotional and social health factors**. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life.

<https://www.betterhealth.vic.gov.au/health/healthyliving/wellbeing>



Professional fulfilment



Shared responsibility – employer + employee

Organizational environment, values and behaviors that promote self-care, personal and professional growth, and compassion for ourselves, our colleagues and our patients



Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance

Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being

A blue-tinted photograph of an emergency scene. On the left, the rear of a white ambulance is visible with the words "genc" and "ilanc" partially seen. In the center, a person in a high-visibility yellow vest with "CAREFLIGHT" and "ANDREW" on the back is standing. To the right, several police officers in dark uniforms are present, one with "NEW SOUTH WALES POLICE" on their vest. The scene is outdoors with trees in the background.

So how do we measure wellbeing or professional fulfilment?

Measuring wellbeing



NATIONAL ACADEMY OF MEDICINE

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Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure work-related dimensions of well-being. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the Research, Data, and Metrics Working Group of the National Academy of Medicine [Action Collaborative on Clinician Well-Being and Resilience](#).

Scroll below for an overview of each validated instrument to assess work-related dimensions of well-being.

<https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>

Maslach Burnout Inventory

Compare Forms

Product Specs

Translations

About Burnout & FAQ

Resources

Select the MBI form which applies to your group:

Form	For	Sample Item, with response scale of 0 (Never) to 6 (Every day)
MBI-HSS (MP)	Medical personnel specifically; this form is adapted from the MBI-HSS.	I don't really care what happens to some patients.
MBI-HSS	Workers in human services, including nurses, physicians, health aides, social workers, health counselors, therapists, police, correctional officers, clergy, etc.	I don't really care what happens to some recipients.
MBI-ES	Teachers, administrators, other staff members, and volunteers working in any educational setting.	I don't really care what happens to some students.
MBI-GS	Occupational groups other than human services and education, including those in customer service, maintenance, manufacturing, management, and most other professions.	I doubt the significance of my work.
MBI-GS (S)	College and University students; this form is adapted from the MBI-GS.	I doubt the significance of my studies.
MBI Toolkit	Available for most MBI forms. Adds the AWS items to the MBI form.	AWS sample item with response scale of 1 (Strongly Disagree) to 5 (Strongly Agree): I do not have time to do the work that must be done.

MBI-HSS & MBI-HSS (MP) Copyright ©1981, 2016 by Christina Maslach & Susan E. Jackson.



MBI

Measuring Professional Fulfilment + other aspects of wellbeing



Stanford Professional
Fulfillment Index

Acad Psychiatry (2018) 42:11–24
<https://doi.org/10.1007/s40596-017-0849-3>



CrossMark

EMPIRICAL REPORT

A Brief Instrument to Assess Both Burnout and Professional Fulfillment in Physicians: Reliability and Validity, Including Correlation with Self-Reported Medical Errors, in a Sample of Resident and Practicing Physicians

Mickey Trockel¹  • Bryan Bohman¹ • Emi Lesure² • Maryam S. Hamidi¹ • Dana Welle² • Laura Roberts¹ • Tait Shanafelt¹

So where are we now and where do we need to go?

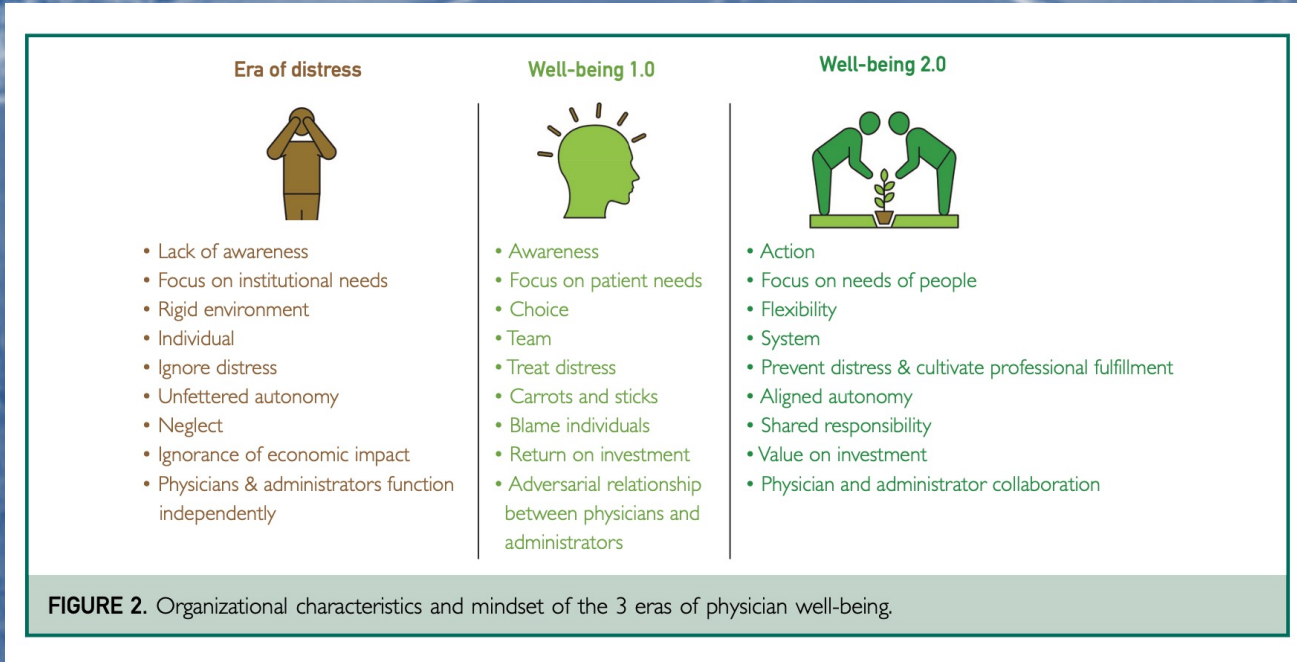


FIGURE 2. Organizational characteristics and mindset of the 3 eras of physician well-being.

Wellbeing 2.0

Shanafelt et al 2021

Check for updates

Physician Well-being 2.0: Where Are We
and Where Are We Going?

Tait D. Shanafelt, MD

Abstract

Although awareness of the importance of physician well-being has increased in recent years, the research that defined this issue, identified the contributing factors, and provided evidence on effective individual and system-level solutions has been maturing for several decades. During this interval, the field has evolved through several phases, each influenced not only by an expanding research base but also by changes in the demographic characteristics of the physician workforce and the evolution of the health care delivery system. This perspective summarizes the historical phase of this journey (the "era of distress"), the current state (Well-being 1.0), and the early contours of the next phase based on recent research and the experience of vanguard institutions (Well-being 2.0). The key characteristics and mindset of each phase are summarized to provide context for the current state, to illustrate how the field has evolved, and to help organizations and leaders advance from Well-being 1.0 to Well-being 2.0 thinking. Now that many of the lessons of the Well-being 1.0 phase have been internalized, the profession, organizations, leaders, and individual physicians should act to accelerate the transition to Well-being 2.0.

© 2021 Mayo Foundation for Medical Education and Research. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>) • Mayo Clin Proc. 2021;96(10):2682-2693

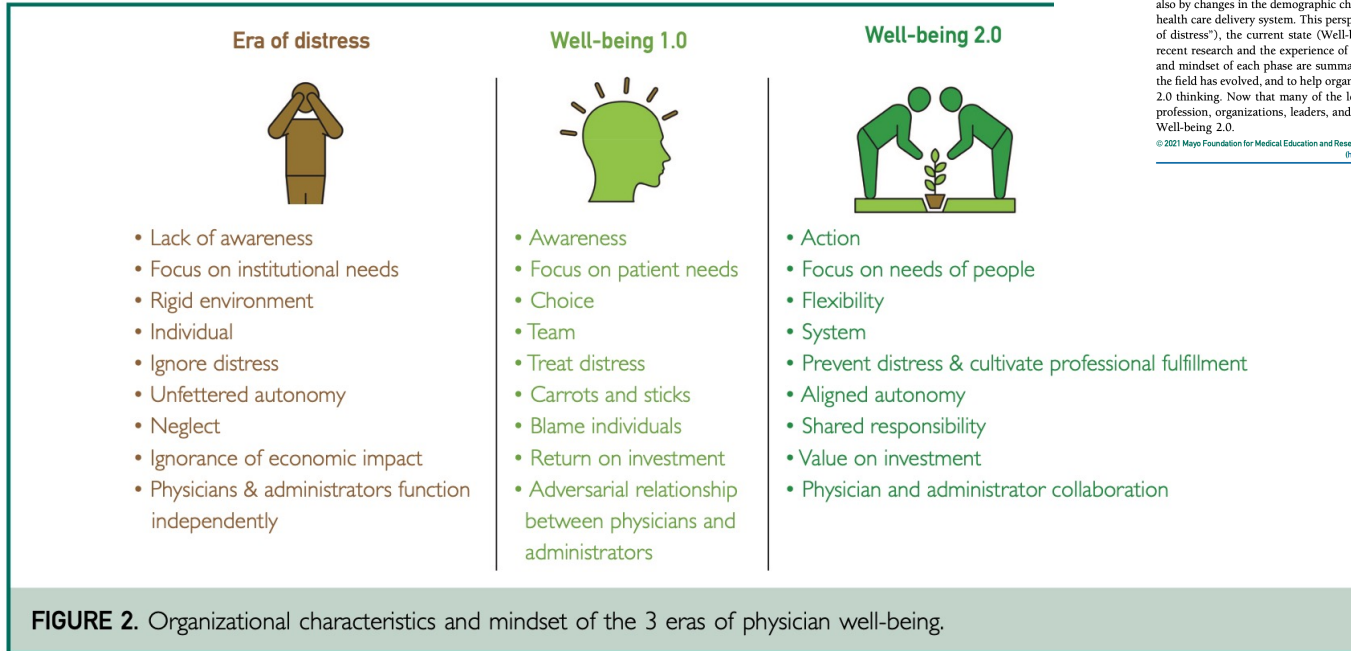


FIGURE 2. Organizational characteristics and mindset of the 3 eras of physician well-being.

Era of distress



- Lack of awareness
- Focus on institutional needs
- Rigid environment
- Individual
- Ignore distress
- Unfettered autonomy
- Neglect
- Ignorance of economic impact
- Physicians & administrators function independently

Era of distress

Lest we forget

COVID - resurgence

Complexity and dynamic situations require an adaptive approach, not rigidity.

So where are we now?

Towards wellbeing 2.0



Well-being 1.0



- Awareness
- Focus on patient needs
- Choice
- Team
- Treat distress
- Carrots and sticks
- Blame individuals
- Return on investment
- Adversarial relationship between physicians and administrators



What could negatively influence this?

Well-being 1.0



- Awareness
- Focus on patient needs
- Choice
- Team
- Treat distress
- Carrots and sticks
- Blame individuals
- Return on investment
- Adversarial relationship between physicians and administrators

Well-being 2.0



- Action
- Focus on needs of people
- Flexibility
- System
- Prevent distress & cultivate professional fulfillment
- Aligned autonomy
- Shared responsibility
- Value on investment
- Physician and administrator collaboration

Pulse check

Staffing

Fatigue

Unrealistic demands

Clinical/aviation/commercial conflicts

Responsibility without authority

Lack of psychological safety

Unsuitable leadership styles

Lack of alignment

Complexity

The agile organization is dawning as the new dominant organizational paradigm.

Rather than organization as machine, the agile organization is a living organism

From organizations
as “machines” ...



... to organizations
as “organisms”

McKinsey 2018

Complex Adaptive Systems – (Prof Amy Edmondson)

Systems that are dynamic and adaptable (as in nature)

Multiple interacting and interdependent parts

Multiple feedback loops that affect each other

Unpredictable results

Self-regulate according to external and internal triggers

Adaptive capabilities = fundamental organisational competence

Requires a
collective
mind

The cornerstone of professional fulfilment

we are all capable of behaving as leaders – leaders are made not born



leadership

Collaborative leadership
Collective leadership
The leader as a role model

Swensen, S: Shanafelt, T

<https://edhub.ama-assn.org>

Amidst all the qualities of an organization—its culture, high-level organizational strategy, compensation models, benefits, efficiency of the practice environment, and the impact of the electronic health record—***the single biggest driver of professional satisfaction for the people in the organization is the behaviour of each individual's immediate leader.***

CareFlight

Leader Behaviours

Recognize – Inquire – Inform – Develop – Include

SATISFACTION



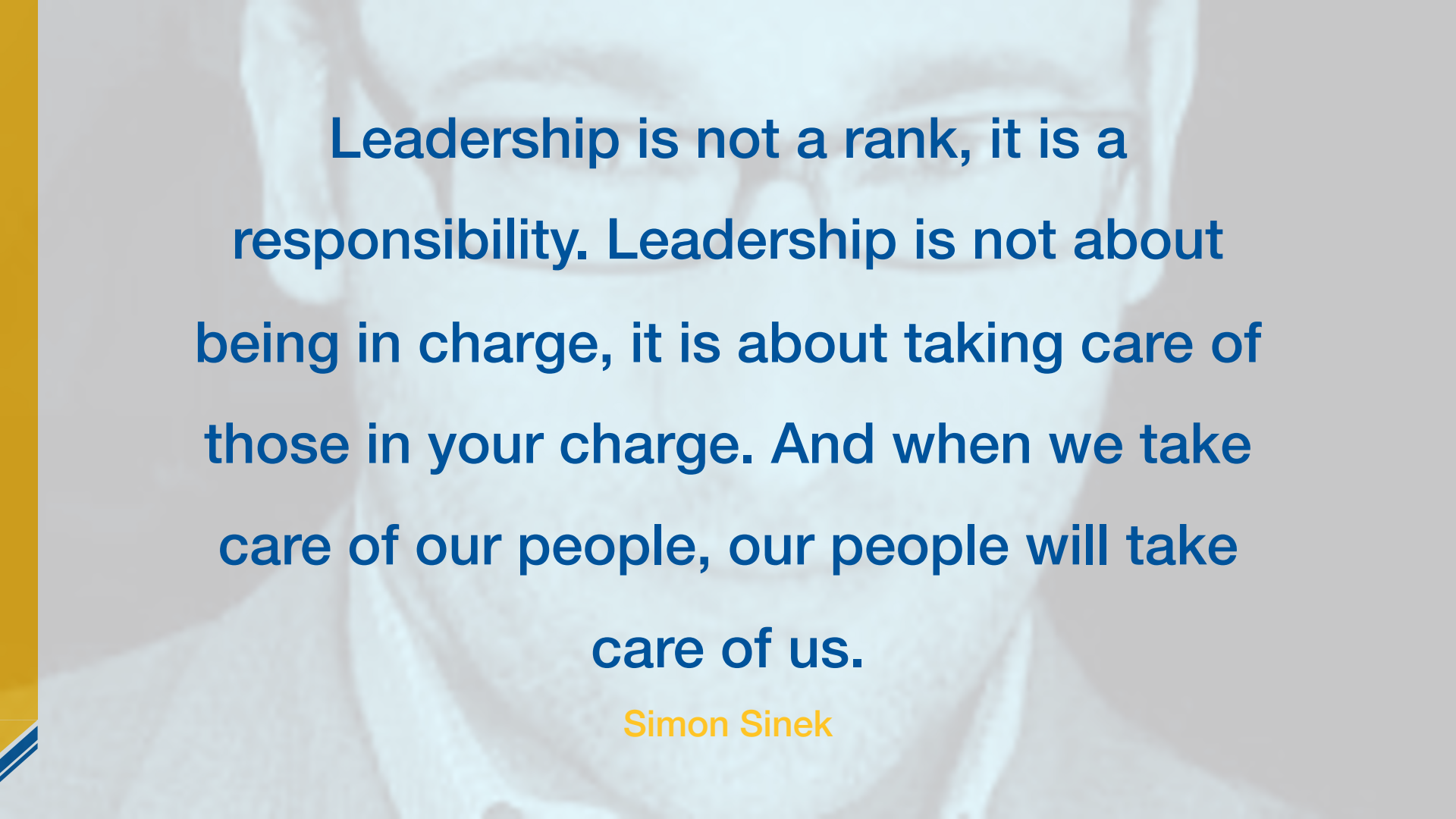
9.0%

BURNOUT



3.3%

1 Point
Increase
in Leader
Index:

A background image of Simon Sinek, a man with glasses and a beard, wearing a suit and tie. The image is faded and serves as a backdrop for the text.

Leadership is not a rank, it is a responsibility. Leadership is not about being in charge, it is about taking care of those in your charge. And when we take care of our people, our people will take care of us.

Simon Sinek

Evolution of Leadership

- Command and control (autocratic leadership)
- KNOTS & DOTS
- Laissez Faire Leadership
- Transactional leadership
- Democratic Leadership



Transformational Leadership

- Teaming
- Collaborative Leadership
- Intent-based leadership
- Collective leadership
- Authentic & vulnerable leadership
- Wellness-Centred leadership

Wellness-Centred leadership

Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Ashleigh Rodriguez, MSN, MMM, APRN, and Dave Logan, PhD



Figure 1 Diagram showing the 3 elements of the Wellness-Centered Leadership model.

Mindset

Behaviours

Outcomes



Psychological safety is a belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.

It is a shared belief held by members of a team that the team is safe for interpersonal risk taking

Professor Amy Edmondson, Harvard Business School



Psychological safety

All the time and every time



Belonging cues

1. Energy
2. Individualisation
3. Future orientation

Care for people always

Summary of the 3 Wellness-Centered Leadership Elements^a

Element	Mindset	Behaviors	Outcomes
Care about people always	<ul style="list-style-type: none">• Recognition of the role leaders play in the well-being, professional fulfillment, and vitality of team members and the team as a whole• Curious and respectful• Empathetic and understanding	<ul style="list-style-type: none">• Recognize and appreciate individual contributions and talents• Give credit• Discover individual needs and gifts through dialogue• Demonstrate gratitude• Discuss and model self-care and self-valuation• Lead conversations about work-life integration• Adapt communication based on need (including people in distress)• Provide resources, support, and education on well-being• Recognize signs of distress• Role model concern for sleep, rest, vacations, and personal relationships through vulnerable and authentic self-disclosure• Listen for what is important to others and ask open-ended questions• Demonstrate humble inquiry• Practice “agenda-less” listening	<ul style="list-style-type: none">• Team members feel valued and appreciated as individuals• Psychological safety for individuals• Improved health for individuals and the community• Team members believe self-care is valued and is demonstrated through support of reasonable working hours, scheduling, vacation, and time off• People proactively discuss their well-being needs without being prompted• Team members help cross cover each other and support one another’s wellness

Leadership: words must = actions

TABLE 1. Incongruence Between Artifacts and Espoused Values in Medicine

Domain	Espoused value (what we say)	Artifact (our behavior)	What it reveals
Culture of our organizations and health care system	Physicians are professionals (we trust them)	Preauthorization and excessive documentation required to justify billing and prevent malpractice suits	We do not trust you
	Physicians are our most highly trained and expensive workers (we should maximize their efforts)	Excessive clerical burden and ineffective use of time	Your time is not valuable
	High-quality care is our top priority	A delivery system that drives fatigue and burnout which erode quality of care	Economic priorities are more important than quality
	We value patient autonomy, shared decision making, and tailoring care to individual needs	Focus on relative value units/ volume/net operating income	Commoditization of physicians and patients
We believe in social justice and fair distribution of resources for our patients and communities	We value patient autonomy, shared decision making, and tailoring care to individual needs	Visit lengths and limited staff support preclude shared decision making and tailoring care to individual patient needs	Economic priorities are more important than patient agency
	We believe in social justice and fair distribution of resources for our patients and communities	Organizational tactics that tailor access to optimize payer mix and care for highly reimbursed medical conditions rather than patient need	Economic priorities are more important than social justice assumptions



Healing the Professional Culture of Medicine

Tait D. Shanafelt, MD; Edgar Schein, PhD; Lloyd B. Minor, MD; Mickey Trockel, MD, PhD; Peter Schein, MBA; and Darrell Kirch, MD

Training and evaluating our leaders

ORIGINAL ARTICLE



Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;
Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD;
and Stephen J. Swensen, MD

Figure 3. Five Leader Behaviors to Cultivate Positive Leadership

Include	Treat everyone with respect and nurture a culture where all are welcome and are psychologically safe.
Inform	Transparently share what you know with the team.
Inquire	Consistently solicit input from those you lead (participatory management).
Develop	Nurture and support the professional development and aspirations of team members.
Recognize	Express appreciation and gratitude in an authentic way to those you lead.

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Mayo Clinic Leadership Index

Figure 1. Mayo Clinic Leader Index Questions

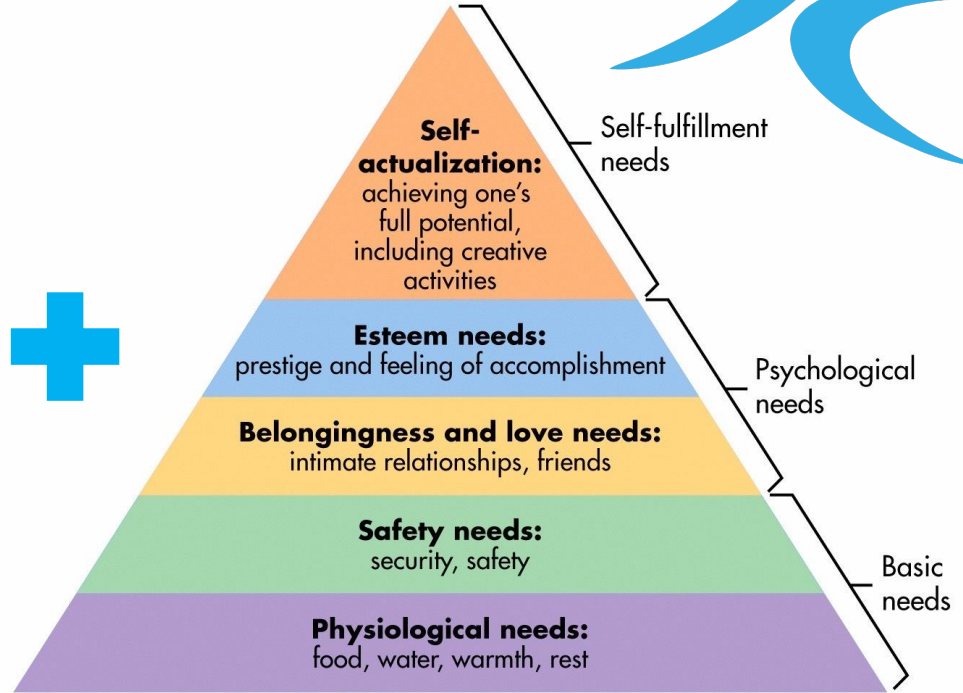
The leader to whom I report...	Strongly Disagree				Strongly Agree
1. Holds career development conversations with me	1	2	3	4	5
2. Empowers me to do my job	1	2	3	4	5
3. Encourages employees to suggest ideas for improvement	1	2	3	4	5
4. Treats me with respect and dignity	1	2	3	4	5
5. Provides helpful feedback and coaching on my performance	1	2	3	4	5
6. Recognizes me for a job well done	1	2	3	4	5
7. Keeps me informed about changes taking place at: (name of organization)	1	2	3	4	5
8. Encourages me to develop my talents and skills	1	2	3	4	5
9. I am satisfied with my immediate supervisor	1	2	3	4	5

What is a wellbeing program?





The MDOK Approach



SLHD MDOK Wellbeing Pillars

SYSTEM IMPROVEMENT

PHYSICAL



PSYCHOLOGICAL



SOCIAL CONNECTION



LEADERSHIP +
PERFORMANCE



CULTURE + SAFETY



EVALUATION: SLHD MEDICAL OFFICER WELLBEING SURVEY

Wellbeing Program

Tips for a wellbeing program proposal

- Sell the why
- Find an executive sponsor
- Have a strategy not just tactics
- Focus on evidence-based strategies
- Use local data – it's powerful
- Don't boil the ocean
- Be patient – change takes 5+ years



So where to from here?

Towards wellbeing 2.0



Towards wellbeing 2.0



CareFlight

CareFlight

Questions