While you are waiting for us to start, perhaps you could send a quick text to someone important to you, to send a kind thought their way.
Ask the kids...

- National Study of the Changing Workforce
  - children (age 8-18) of working parents
    - 65% worried about parents
    - Wish parents were less stressed and less tired
In the past week, how many of you...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Drank too much coffee?
- Slept less than 5 hours in a night?
  - Over 40% of Americans regularly sleep less than 5 hours a night
    - 2X as likely to die of heart disease
    - 1.7x as likely to die of all causes (Cappoccino, 2007)
Sleepy at Work:

“Slept less than 5 hours in a night: 3 or more nights in the past week.”
Sleepy at Work:

“Slept less than 5 hours in a night: 3 or more nights in the past week.”

% Resilient = 51.6
% Resilient = 45.8
% Resilient = 36.3
% Resilient = 32.9

Each bar = 1 DUHS Clinical Area (n=258)
Teamwork Climate across DUHS

% of respondents reporting good teamwork climate

Goal 80%

Needs improvement < 60%
Teamwork Climate across DUHS

% of respondents reporting good teamwork climate

Goal 80%

Needs improvement < 60%
Redefining Quality

- How we take care of our patients
- How we take care of each other
- How we take care of ourselves*

*Leaders have a responsibility to protect the work-life balance of their employees.
Resilience is a function of your ability to cope, and the availability of resources related to health and well-being.
QUALITY

The Race for Quality has no Finish Line—so Technically, it's more like a Death March.
After controlling for pt severity and nurse and hospital characteristics, only nurse burnout was associated with the clinical outcomes.
Example of impact on critical care nurses

- half are emotionally exhausted (burned out)
- 2 out of 3 have difficulty sleeping
- 1 out of 4 are clinically depressed

Am I burned out?

- You try to be everything to everyone
- You get to the end of a hard day at work, and feel like you have not made a meaningful difference
- You feel like the work you are doing is not recognized
- You identify so strongly with work that you lack a reasonable balance between work and your personal life
- Your job varies between monotony and chaos
- You feel you have little or no control over your work
- You work in healthcare
Burnout ≠ Lazy
Are they burned out?

A brief tour of prevalence...
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.
<table>
<thead>
<tr>
<th>Country</th>
<th>Reported ward to have poor or fair quality of care</th>
<th>Gave ward poor or failing safety grade</th>
<th>Regarded themselves to be burnt out</th>
<th>Dissatisfied with job</th>
<th>Intended to leave their job in the next year</th>
<th>Not confident that patients can manage own care after hospital discharge</th>
<th>Not confident that hospital management would resolve patients’ problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>886/3167</td>
<td>28</td>
<td>199/3150</td>
<td>6</td>
<td>730/2938</td>
<td>25</td>
<td>680/3159</td>
</tr>
<tr>
<td>England</td>
<td>540/2899</td>
<td>19</td>
<td>191/2895</td>
<td>7</td>
<td>1138/2699</td>
<td>42</td>
<td>1136/2904</td>
</tr>
<tr>
<td>Finland</td>
<td>141/1099</td>
<td>13</td>
<td>76/1095</td>
<td>7</td>
<td>232/1047</td>
<td>22</td>
<td>300/1114</td>
</tr>
<tr>
<td>Germany</td>
<td>526/1507</td>
<td>35</td>
<td>94/1506</td>
<td>6</td>
<td>431/1430</td>
<td>30</td>
<td>561/1505</td>
</tr>
<tr>
<td>Greece</td>
<td>170/361</td>
<td>47</td>
<td>61/358</td>
<td>17</td>
<td>246/315</td>
<td>78</td>
<td>199/358</td>
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<tr>
<td>Ireland</td>
<td>152/1389</td>
<td>11</td>
<td>117/1385</td>
<td>8</td>
<td>536/1293</td>
<td>41</td>
<td>581/1383</td>
</tr>
<tr>
<td>Netherlands</td>
<td>756/2185</td>
<td>35</td>
<td>123/2187</td>
<td>6</td>
<td>211/2061</td>
<td>10</td>
<td>240/2188</td>
</tr>
<tr>
<td>Norway</td>
<td>468/3732</td>
<td>13</td>
<td>199/3712</td>
<td>5</td>
<td>823/3501</td>
<td>24</td>
<td>773/3729</td>
</tr>
<tr>
<td>Poland</td>
<td>683/2581</td>
<td>26</td>
<td>463/2579</td>
<td>18</td>
<td>929/2321</td>
<td>40</td>
<td>663/2584</td>
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<tr>
<td>Spain</td>
<td>897/2794</td>
<td>32</td>
<td>173/2784</td>
<td>6</td>
<td>787/2670</td>
<td>29</td>
<td>1053/2786</td>
</tr>
<tr>
<td>Sweden</td>
<td>2750/1051</td>
<td>27</td>
<td>1117/10</td>
<td>11</td>
<td>2788/9477</td>
<td>29</td>
<td>2251/10</td>
</tr>
<tr>
<td>Switzerland</td>
<td>324/1604</td>
<td>20</td>
<td>71/1606</td>
<td>4</td>
<td>228/1563</td>
<td>15</td>
<td>338/1610</td>
</tr>
<tr>
<td>US</td>
<td>4196/26</td>
<td>16</td>
<td>1628/26</td>
<td>6</td>
<td>9122/27</td>
<td>34</td>
<td>692/26</td>
</tr>
</tbody>
</table>
Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction

Linda H. Aiken, PhD, RN
Sean P. Clarke, PhD, RN
Douglas M. Sloane, PhD
Julie Sochalski, PhD, RN
Jeffrey H. Silber, MD, PhD

The past decade has been a turbulent time for US hospitals and practicing nurses. News media have trumpeted urgent concerns about hospital understaffing and a growing hospital nurse shortage. Nurses nationwide consistently report that hospital nurse staffing levels are inadequate to provide safe and effective care. Physicians agree, citing inadequate staffing as a major impetus to the provision of high-quality hospital care. The shortage of hospital nurses may be linked to unrealistic workloads. Forty percent of hospital nurses have burnout levels that exceed the norms for health care workers, and dissatisfaction among hospital nurses is 4 times greater than the average for US workers, and 1 in 5 hospital nurses are planning to leave their current practice.

Context The worsening hospital nurse shortage and recent California legislation mandating minimum hospital patient-to-nurse ratios demand an understanding of how nurse staffing levels affect patient outcomes and nurse retention in hospital practice.

Objective To determine the association between the patient-to-nurse ratio and patient mortality, failure-to-rescue (deaths following complications) among surgical patients, and factors related to nurse retention.

Design, Setting, and Participants Cross-sectional analyses of linked data from 10,184 staff nurses surveyed, 23,242 general, orthopedic, and vascular surgery patients discharged from the hospital between April 1, 1998, and November 30, 1999, and administrative data from 168 nonfederal adult general hospitals in Pennsylvania.

Main Outcome Measures Risk-adjusted patient mortality and failure-to-rescue among 30 days of admission, and nurse-reported job satisfaction and job-related factors.

After adjusting for patient and hospital characteristics (size, teaching status, etc.), each additional patient per nurse was associated with a 7% (odds ratio [OR], 1.07; 95% confidence interval [CI], 1.02-1.11) increase in the likelihood of patient mortality and a 7% (OR, 1.07; 95% CI, 1.02-1.11) increase in failure-to-rescue. After adjusting for nurse and hospital characteristics, each patient per nurse was associated with a 23% (OR, 1.23; 95% CI, 1.17-1.29), increase in the odds of burnout and a 15% (OR, 1.15; 95% CI, 1.07-1.24), decrease in job satisfaction.

Conclusions In hospitals with high patient-to-nurse ratios, surgical patients experience higher risk-adjusted 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.
Nurse Burnout and Patient Satisfaction

Doris C. Vahey, PhD, RN*, Linda H. Aiken, PhD, RN†‡, Douglas M. Sloane, PhD†, Sean P. Clarke, PhD, RN†, and Delfino Vargas, PhD†

*Mount Sinai Medical Center, Department of Nursing, New York, NY
†Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania
‡Department of Sociology, University of Pennsylvania, Philadelphia, Pennsylvania

Abstract

Background—Amid a national nurse shortage, there is growing concern that high levels of nurse burnout could adversely affect patient outcomes.

Objectives—This study examines the effect of the nurse work environment on nurse burnout, and the effects of the nurse work environment and nurse burnout on patients' satisfaction with their nursing care.

Research Design/Subjects—We conducted cross-sectional surveys of nurses (N = 820) and patients (N = 621) from 40 units in 20 urban hospitals across the United States.

Measures—Nurse surveys included measures of nurses' practice environments derived from the revised Nursing Work Index (NWI-R) and nurse outcomes measured by the Maslach Burnout Inventory (MBI) and intentions to leave. Patients were interviewed about their satisfaction with nursing care using the La Monica-Oberst Patient Satisfaction Scale (LOPSS).

Results—Patients cared for on units that nurses characterized as having adequate staff, good administrative support for nursing care, and good relations between doctors and nurses were more than twice likely as other patients to report high satisfaction with their care, and their nurses reported significantly lower burnout. The overall level of nurse burnout on hospital units also affected patient satisfaction.

Conclusions—Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care.
Emotional exhaustion and workload predict clinician-rated and objective patient safety

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Aims: To investigate the role of clinician burnout, demographic, and organizational characteristics in predicting subjective and objective indicators of patient safety.

Background: Maintaining clinician health and ensuring safe patient care are important goals for hospitals. While these goals are not independent from each other, the interplay between clinician psychological health, demographic and organizational variables, and objective patient safety indicators is poorly understood. The present study addresses this gap.

Method: Participants were 1425 physicians and nurses working in intensive care. Regression analysis (multilevel) was used to investigate the effect of burnout as an indicator of psychological health, demographic (e.g., professional role and experience) and organizational (e.g., workload, predictability) characteristics on standardized mortality ratios, length of stay and clinician-rated patient safety.

Results: Clinician-rated patient safety was associated with burnout, trainee status, and professional role. Mortality was predicted by emotional exhaustion. Length of stay was predicted by workload. Contrary to our expectations, burnout did not predict length of stay, and workload and predictability did not predict standardized mortality ratios.

Conclusion: At least in the short-term, clinicians seem to be able to maintain safety despite high workload and low predictability. Nevertheless, burnout poses a safety risk. Subjectively, burnt-out clinicians rated safety lower, and objectively, units with high emotional exhaustion had higher standardized mortality ratios. In summary, our results indicate that clinician psychological health and patient safety could be managed.
Burnout and Depression are interchangeable

Eye-tracking of attention of burned out and depressed participants was the same: more focus on dysphoric stimuli/less focus on positive stimuli.
Results 24 (20%) of the participating residents met the criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. **Depressed residents made 6.2 times as many medication errors** per resident month as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001)
Changes in cognitive vulnerability predict future depressive symptoms

![Graph showing depressive symptoms at 6 months as a function of change in cognitive vulnerability (increase vs. no increase in RRS score from baseline to 3 months) and stress (low vs. high).]

Fig. 3. Depressive symptoms at 6 months as a function of change in cognitive vulnerability (increase vs. no increase in RRS score from baseline to 3 months) and stress (low vs. high).
BURNOUT

Attitudes Are Contagious. Mine Might Kill You.
Burnout in the NICU setting and its relation to safety culture

Jochen Profit,1,2 Paul J Sharek,2,3,4 Amber B Amspoker,5,6 Mark A Kowalkowski,7 Courtney C Nisbet,2,4 Eric J Thomas,8 Whitney A Chadwick,9 J Bryan Sexton10,11

ABSTRACT
Background Burnout is widespread among healthcare providers and is associated with adverse safety behaviours, operational and clinical outcomes. Little is known with regard to the explanatory links between burnout and these adverse outcomes.

Objectives (1) Test the psychometric properties of a brief four-item burnout scale, (2) Provide neonatal intensive care unit (NICU) burnout and resilience benchmarking data across different units and caregiver types, (3) Examine the relationships between caregiver burnout and patient safety culture.

Research design Cross-sectional survey study.

Subjects Nurses, nurse practitioners, respiratory resulting in feelings of irritability, fatigue, detachment and cynicism.1 In service professions, stress originates from frequent intense interactions with clients with complex problems.2 These high demands, combined with lack of support, result in burned-out employees.3 Hallmark features of burnout include a combination of emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment.4

In healthcare, various causes of burnout have been described, and include chronic stress from working with patients suffering from complex physical, psychological and social problems2,4; unsupportive or inada...
The Joint Commission

**CHEQ Changes Pre-Post**

- **Teamwork Climate**
  - Pre Mean: 57.17
  - Post Mean: 68.35
  - t = -2.84, p = .006

- **Job Satisfaction**
  - Pre Mean: 71.30
  - Post Mean: 76.49
  - t = 1.43, p = .155

- **Burnout**
  - Pre Mean: 49.70
  - Post Mean: 46.88
  - t = 2.56, p = .012

**Teamwork Climate Items**

- The physicians and nurses here work together as a well-coordinated team, t = 3.115, p = .002
- It is easy for personnel here to ask questions when there is something they do not understand, t = 1.547, p = .125
- I have the support I need from others in this L&D unit to care for patients, t = 4.16, p < .001
- Disagreements in this L&D unit are appropriately resolved (we, not who is right but what is best for the patient), t = 0.47, p = .636
- In this L&D unit, it is difficult to speak up if I perceive a problem with patient care, t = -1.812, p = .073
- Nurse input is well received in this L&D unit, t = 2.401, p = .018
- t = -2.050, p = .043

**Job Satisfaction Items**

- I like my job
  - Pre Mean: 4.20
  - Post Mean: 4.26
  - t = -1.34, p = .232

- Working here is like being part of a large family
  - Pre Mean: 4.04
  - Post Mean: 4.13
  - t = 0.50, p = .815

- This L&D unit is a good place to work
  - Pre Mean: 4.09
  - Post Mean: 4.06
  - t = -0.19, p = .893

- I am proud to work in this L&D unit
  - Pre Mean: 4.20
  - Post Mean: 4.17
  - t = -0.20, p = .893

- Morale in this L&D unit is high
  - Pre Mean: 2.70
  - Post Mean: 3.58
  - t = -2.30, p = .012

**Burnout Items**

- I feel fatigued when I get up in the morning and have to face another day on the job
  - Pre Mean: 3.15
  - Post Mean: 3.44
  - t = -1.27, p = .225

- I feel burned out from my work
  - Pre Mean: 2.89
  - Post Mean: 2.30
  - t = -0.10, p = .910

- I feel frustrated by my job
  - Pre Mean: 2.69
  - Post Mean: 2.47
  - t = -2.78, p = .006

- I feel I am working too hard at my job
  - Pre Mean: 3.04
  - Post Mean: 2.57
  - t = -2.30, p = .012

**Figure 1.** Overall teamwork climate scores significantly improved from 57.17% to 68.35% (t = -2.84, p = .006), and burnout scores significantly decreased from 49.70% to 36.21% (t = -2.56, p = .012) following implementation of the tangible handoff. Job satisfaction scores improved from 71.30% in the preintervention to 76.49% in the postintervention period, although the findings were not statistically significant (t = -1.43, p = .155).
Online First

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

Results: Of 27,276 physicians who received an invitation to participate, 7,288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least 1 symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3,442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P < .001$), whereas individuals with a bachelor's degree (OR, 0.80; $P = .048$), master's degree (OR, 0.71; $P = .01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P = .04$) were at lower risk for burnout.

Conclusions: Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

Arch Intern Med. Published online August 20, 2012.
Figure 1. Burnout by specialty.
The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses.

Mealer M, Burnham EL, Goode CJ, Rothbaum B, Moss M.
Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, Denver, Colorado 80045, USA. Meredith.Mealer@UCDenver.edu

18% (61/332) met diagnostic criteria for PTSD
86% (277/323) met criteria for BOS
Patterns of distress in US medical students

LISELOTTE N. DYRBYE¹, WILLIAM HARPER², STEVEN J. DURNING³, CHRISTINE MOUTIER⁴, MATTHEW R. THOMAS¹, F. STANFORD MASSIE JR⁵, ANNE EACKER⁶, DAVID V. POWER⁷, DANIEL W. SZYDLO⁸,⁹, JEFF A. SLOAN⁸ & TAIT D. SHANAFELT¹

Table 1. Types of distress among responding medical students at seven medical schools, 2007.

<table>
<thead>
<tr>
<th>Stress domain</th>
<th>Prevalence (%) or mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
</tr>
<tr>
<td>Burned out, no. (%)</td>
<td>1069/2154 (49.6%)</td>
</tr>
<tr>
<td>Emotional exhaustion, mean ± SD</td>
<td>24.0 ± 10.8</td>
</tr>
<tr>
<td>Depersonalization, mean ± SD</td>
<td>7.3 ± 5.9</td>
</tr>
<tr>
<td>Personal accomplishment, mean ± SD</td>
<td>36.2 ± 7.7</td>
</tr>
<tr>
<td><strong>QOL</strong></td>
<td></td>
</tr>
<tr>
<td>Mental, mean ± SD</td>
<td>43.5 ± 11.0</td>
</tr>
<tr>
<td>Mental QOL score 1/2 SD below age and gender-matched population norm, no. (%)</td>
<td>899/2178 (41.3%)</td>
</tr>
<tr>
<td>Physical, mean ± SD</td>
<td>52.2 ± 6.9</td>
</tr>
<tr>
<td>Mental QOL score 1/2 SD below age and gender-matched population norm, no. (%)</td>
<td>486/2178 (22.3%)</td>
</tr>
<tr>
<td>Symptoms of depression, no. (%)</td>
<td>1037/2228 (46.5)</td>
</tr>
<tr>
<td>Epworth Sleepiness Scale, mean ± SD</td>
<td>10.2 ± 4.36</td>
</tr>
<tr>
<td><strong>Excessive fatigue, no. (%)</strong></td>
<td>1034/2233 (46.3)</td>
</tr>
<tr>
<td>Perceived Stress Scale, mean ± SD</td>
<td>16.6 ± 7.49</td>
</tr>
<tr>
<td>High stress, no. (%)</td>
<td>1073/2206 (48.6%)</td>
</tr>
</tbody>
</table>

Notes: ⁸Maslach Burnout Inventory (Maslach et al. 1996). A score of ≥27 on the emotional exhaustion subscale score and/or ≥10 on the depersonalization subscale, ⁹Score of ≥11, and ¹²Score of ≥1/2 SD than the norm for age-matched US general population.
# Patterns of distress in US medical students

Table 3. Factors independently associated with serious thoughts of dropping out of medical school or suicidal ideation.

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Independent variable</th>
<th>Odds ratio</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropout</td>
<td>Burned out</td>
<td>2.402</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Positive depression screen</td>
<td>2.185</td>
<td>0.0002</td>
</tr>
<tr>
<td></td>
<td>Low physical QOL</td>
<td>2.156</td>
<td>0.0021</td>
</tr>
<tr>
<td></td>
<td>Low mental QOL</td>
<td>2.104</td>
<td>0.0002</td>
</tr>
<tr>
<td></td>
<td>Has children</td>
<td>2.048</td>
<td>0.0011</td>
</tr>
<tr>
<td></td>
<td>High stress (PSS ≥ 17)</td>
<td>1.954</td>
<td>0.0045</td>
</tr>
<tr>
<td></td>
<td>Third-year student&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.502</td>
<td>0.0204</td>
</tr>
<tr>
<td></td>
<td>High fatigue (Epworth ≥ 11)</td>
<td>1.460</td>
<td>0.0221</td>
</tr>
<tr>
<td></td>
<td>$50,000–$99,999 student loan debt&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.589</td>
<td>0.0089</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>Positive depression screen</td>
<td>4.052</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Low mental QOL</td>
<td>1.982</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>Fourth-year student&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.695</td>
<td>0.0064</td>
</tr>
<tr>
<td></td>
<td>Burned out</td>
<td>1.686</td>
<td>0.0037</td>
</tr>
<tr>
<td></td>
<td>Has children</td>
<td>1.579</td>
<td>0.0399</td>
</tr>
<tr>
<td></td>
<td>≥1 Negative life events last 12 months</td>
<td>1.545</td>
<td>0.0044</td>
</tr>
<tr>
<td></td>
<td>Third-year student&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.458</td>
<td>0.0392</td>
</tr>
</tbody>
</table>

Notes: <sup>a</sup>For school year students who indicated they were taking a break from medical school to pursue enrichment activities, such as research projects or graduate work, were used as reference value, <sup>b</sup>For debt, <$50,000 was used as reference value.
Burnout and Suicidal Ideation among U.S. Medical Students

Dyrbye et al., 2010

50% of medical students burned out
10% have suicidal ideation
Suicidal Thoughts and Behaviors Among Adults Aged ≥18 Years — United States, 2008–2009

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Beth Han, MD, PhD
LaVonne A. G. Ortega, MD
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2Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, Maryland

Abstract

Results: Prevalence estimates of suicidal thoughts and behaviors varied by sociodemographic factors, region, and state. During 2008–2009, an estimated 8.3 million (annual average) adults aged ≥18 years in the United States (3.7% of the adult U.S. population) reported having suicidal thoughts in the past year. The prevalence of having suicidal thoughts ranged from 2.1% in Georgia to 6.8% in Utah. An estimated 2.2 million (annual average) adults in the United States (1.0% of the adult U.S. population) reported having made suicide plans in the past year. The prevalence of reports of suicide planning ranged from 0.1% in Georgia to 2.8% in Rhode Island. An estimated 1 million (annual average) adults in the United States (0.5% of the U.S. adult population) reported making a suicide attempt in the past year. The prevalence of reports of suicide attempts ranged from 0.1% in Delaware and Georgia to 1.5% in Rhode Island. The prevalence of suicidal thoughts, suicide planning, and suicide attempts was significantly higher among young adults aged 18–29 years than it was among adults aged ≥30 years. The prevalence of suicidal thoughts was significantly higher among females than it was among males, but there was no statistically significant difference for suicide planning or suicide attempts.
Although the groups (surgeons & internal medicine physicians) in these 2 studies were disparate, the same 3 factors (hours worked per week, work/home conflict in the last 3 weeks, and resolving the last work/home conflict in favor of work) remained independent factors associated with burnout in multivariable models in both samples with strikingly similar odds ratios. These findings suggest that work/home conflict and how that conflict is managed may be central factors for physician burnout in a variety of practice settings.
In conclusion, burnout is highly prevalent among US Physicians (32%), more so than among other US workers (23.5%).

...(3) physicians work longer hours and have greater struggles with work-life integration than other US workers, and (4) after adjusting for hours worked per week, higher levels of education and professional degrees seem to reduce the risk for burnout in fields outside of medicine, whereas a degree in medicine (MD or DO) increases the risk.
Lies.
ALL LIES.
From First to Worst

Those with tenacity, dedication and a strong sense of responsibility are vulnerable to burnout.

Burnout Lead Weights: work hours, night shift, conflicts with colleagues, fiscal debt, poor boundaries between work/home life.

Burnout Band-aides: spending time with spouse, social support, positive learning environment, having a clinician as a parent, being a parent, and getting satisfaction from conversations with others, control over days off, quality of working relationships.
Deliberate acts of Kindness:

Doing a kindness produces the single most reliable momentary increase in well-being of any exercise that has been tested.

Find one wholly unexpected kind thing to do tomorrow and just do it. Notice what happens to your mood.

-- Marty Seligmann, 2011
Social Relationships and Mortality Risk: A Meta-analytic Review

Julianne Holt-Lunstad1*, Timothy B. Smith2*, J. Bradley Layton3

1 Department of Psychology, Brigham Young University, Provo, Utah, United States of America. 2 Department of Communicative Disorders, Brigham Young University, Provo, Utah, United States of America.

Abstract

Background: Social integration is related to both morbidity and mortality.

Objectives: This meta-analytic review was conducted to examine the role of social relationships in mortality, which aspects of social relationships are most associated with mortality, and whether such associations are stronger in adulthood or childhood.

Data Sources: We conducted a search of PubMed, PsycINFO, and Social Policy and Administration for studies published through December 2015.

Results: 148 studies were included in the meta-analysis, with 55% of the studies focusing on adulthood and 45% focusing on childhood. The results showed that social relationships were strongly associated with mortality, with individuals with fewer social relationships having a higher risk of death.

Conclusion: Social relationships play a crucial role in mortality, and interventions aimed at improving social integration could have a significant impact on public health.

Recipe for Longevity: No Smoking, Lots of Friends
Social Relationships and Mortality Risk: A Meta-analytic Review

doi:10.1371/journal.pmed.1000316.g006
I WANT YOU TO DELETE ME AS YOUR FACEBOOK FRIEND
4 a.m. Friend:

Is there someone in your life whom you would feel comfortable phoning at four in the morning to tell your troubles to?

• If so, you are likely to live longer than those who say “no.” Discovered by George Vaillant (Harvard psychiatrist) and called the capacity to be loved.

• Conversely, loneliness is such a disabling condition that it suggests the pursuit of relationships is a fundamental to well-being.
Attachment

An abundance of research shows that the perception that one has supportive others to turn to in times of stress (i.e., perceived support) buffers against the harmful effects of stress (e.g., Cohen, 1992; Collins & Feeney, 2000; Sarason, Sarason, & Gurung, 1997).
But if things go right, and you are there for me, does that have an independent impact on relationship functioning?
…responses to positive event discussions were more closely related to relationship well-being and break-up than were responses to negative event discussions.
Toxicity of Insincerity

KEEP CALM AND CHOOSE JOY
Buddy Up

optimizing oxytocin and serotonin - which boost mood and promote bonding - hold a handshake for at least six seconds.
<table>
<thead>
<tr>
<th>Active Destructive Responding</th>
<th>Finding the bad in the good: where you find the cloud in the silver lining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Destructive Responding</td>
<td>Not caring at all about their news</td>
</tr>
<tr>
<td>Passive Constructive Responding</td>
<td>Not making a big deal out of it</td>
</tr>
<tr>
<td><strong>Active Constructive Responding</strong></td>
<td><strong>Reacting positively, being interested and caring about their news.</strong></td>
</tr>
</tbody>
</table>
Active Constructive Responding

Maintain eye contact / smile / touch / laugh

- Don’t overdo the praise and positive feedback (it can make people feel uncomfortable/patronized)
- Concentrate on asking questions which encourage the person to talk about their good news/ savor their positive emotions.
- If this type of active and constructive response does not come easily to you try to ask at least three questions.
Three Good Things
led to increases in positive affect, as well as reductions in negative affect, mediational analyses showed that gratitude was uniquely responsible for the effect of the intervention on positive affect. In addition, the gratitude intervention improved people’s amount of sleep and the quality of that sleep. Furthermore, the effects on well-being were apparent to the participants’ spouse or significant other.

several, though not all, of the outcome variables across the 5 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)
Flourish

A Visionary New Understanding of Happiness and Well-being

Martin E. P. Seligman

Three Good Things
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.
Three good things
Seligman, Steen, Park & Petersen, 2005
Three good things
Seligman, Steen, Park & Petersen, 2005
“The negative screams at you, but the positive only whispers...”

-- Barbara Fredrickson

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

#2) Enhanced recall of material reviewed during last 2-4 wakeful hours.

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

- **Patient Safety Leadership Training & Certification Course**
  (3 days - Offered in April & September)
  - Course Description
  - Registration Information: April 13-15, 2015
  - Registration Information: September 9-11, 2015
  - Registration Information: April 11-13, 2016
  - Registration Information: September 12-14, 2016
  *Also available upon request. If interested Click Here.

- **Physician Leadership in Patient Safety & Quality** (1 Day)
  *CME Credit is available for this course
  - Course Description
  *Course Available Upon Request

- **TeamSTEPPS™ Master Trainer Course (Internal)**
  - Course Description
  - Registration Information: October 15 & 16, 2015

- **TeamSTEPPS™ Master Trainer Course – National**
  - Course Description
  February 26-27, 2015
  April 23-24, 2015
  May 21-22, 2015
  August 27-28, 2015
  - Registration Information

Want to learn more about 3 Good Things?

**Bite Sized Resilience: Three Good Things**

To enroll 2014/2015 cohorts please select one of the following:

- Jan 26 - Feb 9, 2015
- Mar 23 - Apr 6, 2015
- Apr 13 - Apr 27, 2015
- May 18 - June 1, 2015
- Sept 14 - 28, 2015
- Nov 9 - 23, 2015

- **TeamSTEPPS™ Essentials - (4 Hours)**
  - Course Description
  - Registration Information: February 20, 2015
  - Registration Information: May 1, 2015
  - Registration Information: June 25, 2015
  - Registration Information: September 25, 2015
  - Registration Information: October 2, 2015
  - Registration Information: November 6, 2016

- **Enhancing Caregiver Resilience: Burnout & Quality Improvement Full Course**
  (3 days: 1 full day plus 2 half days, and a follow-up webinar - Offered in May & November)
  - Course Description
  - Registration Information: May 18 - 20, 2015
  - Registration Information: November 9 - 11, 2015
  - Registration Information: May 9 - 11, 2016
  - Registration Information: November 14 - 16, 2016
  *Also available upon request. If interested Click Here.

- **Enhancing Caregiver Resilience Essentials (1 Day)**
  - Course Description
  - Registration Information: January 27, 2015
  - Registration Information: April 14, 2015
  - Registration Information: September 10, 2015
  - Registration Information: January 26, 2016
  - Registration Information: April 12, 2016
  - Registration Information: September 13, 2016

View all course descriptions

For additional information on the WISER Study please go to:

**WISER Study**

Calendar of Courses: For additional information or to request dates and times of training, please call 919-257-3378 or email christen.fullwood@duke.edu
Hello all,

Please follow this link to enter your three good things for today: 
Three Good Things

Or copy and paste the URL below into your internet browser:
https://duke.qualtrics.com/WRQualtricsSurveyEngine/?Q_SS=eqBkjmyDbraSTzp3aX0F4XJ4QJ7RKGp&_=1

Thank you for participating,
Warmest,
Bryan Sexton

*This survey link is linked to your unique research study record. It can only be used to take the survey one time, and should not be forwarded or used by others.*
On the next page you will be asked to type in your three good things for today. If you would like your responses to be posted anonymously to the public log (available only to other participants in this exercise) please select "SHARE my responses" below. If you'd prefer to keep your responses private today, please select "DO NOT SHARE my responses" below.

- SHARE my responses
- DO NOT SHARE my responses

www.dukepatientsafetycenter.com
Survey Powered By Qualtrics
### Three Good Things Exercise, Day 7:

<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>Which one of the following positive emotions best fits how this good thing makes you feel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Thing #2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Thing #3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What went well today, and what was your role in making it happen.

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics
### Three Good Things Exercise, Day 7:

<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>My 5 year old swam across the pool at the YMCA without any floaties for the first time today!</th>
<th>Pride</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Thing #2</td>
<td>Watched as glorious pink/orange sunset behind the rolling hills where our leaves are changing colors - beautiful.</td>
<td>Awe</td>
</tr>
<tr>
<td>Good Thing #3</td>
<td>Made my wife laugh so hard her eyes watered, and so did mine.</td>
<td>Amusement</td>
</tr>
</tbody>
</table>

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics
1. Three Good Things Exercise, Day 9: What went well today, and what was your role in making it happen.

<table>
<thead>
<tr>
<th>Good Thing #1</th>
<th>Good Thing #2</th>
<th>Good Thing #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to give positive reference for Big Brothers/Big Sisters</td>
<td>Healthy niece per ultrasound</td>
<td>Spoke with my cousin</td>
</tr>
<tr>
<td>A coworker helped me by giving a TB test to another employee, when I was not able to do it.</td>
<td>My dad's Dr. appt went well today.</td>
<td>I watched a new TV show which really made me laugh!</td>
</tr>
<tr>
<td>A delicious dinner out</td>
<td>Meeting new people</td>
<td>Exploring a new city</td>
</tr>
<tr>
<td>another gorgeous fall day and I thought ahead to take vacation!</td>
<td>Got the car cleaned after I made it a point to get it done.</td>
<td>Base ball playoffs start....Watched the Wild Card games on TV.Go Tigers!</td>
</tr>
<tr>
<td>Beautiful drive, loving the beginnings of fall color</td>
<td>Haircut,</td>
<td>Daughters working together on project,</td>
</tr>
<tr>
<td>Bought hubby great jeans for half price. As a surprise.</td>
<td>Meditated 20 minutes this A M.</td>
<td>Had quiet peaceful dinner and evening alone.</td>
</tr>
<tr>
<td>Complimented on use of bulletin board. My role: Posting quotes and funny sayings to make people think.</td>
<td>Enjoyed company of friends. My role: not being too tired to meet them.</td>
<td>Asked to assist someone and help them out of their shell. My role: Setting a good example, I was told</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.....Sititng 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.</td>
</tr>
<tr>
<td>Excited to work with a client in a new way</td>
<td>Had fun teaching my class. Role: approached</td>
<td>Helped someone out by providing</td>
</tr>
</tbody>
</table>
Duke Internal Medicine Resident Results

• Thanks to the efforts of Drs. Jon Bae and Amy Zaas, as well as our Medical Student researcher Whitney Chadwick.

• Main Findings:
  – Lower burnout, lower depression in the post
  – Fewer delays
  – Less conflict
  – Better work-life balance

• Residents enjoyed participating in the research
Resilience across DUHS
(for pace and intensity of innovation)
Resilience across DUHS
(for pace and intensity of innovation)

% of respondents reporting no burnout

35%

50%

--IM Residents Pre

--IM Residents Post
Resilience across DUHS (for pace and intensity of innovation)

% of respondents reporting no burnout

95% would recommend 3 Good Things to a Friend / Supervisor
Resilience across DUHS
(for pace and intensity of innovation)

93% would recommend 3 Good Things to a Friend / 91% Supervisor
Three Good Things

I can see my computer now. New glasses! 😊
I love my new office decorations. 😊
My new picture is still on the wall at home! 😊
My reliable vehicle! Hopefully a low estimate.
I love my retirement.
I’m going to see my parents this coming weekend! 😊

Family dinners outside with great food—soft breezes & lots of laughter. 😊

My son is home from Afghanistan!! 🎉
Friends' daughter's surgery went well! 😊
I came to work today! 😊 It makes me happy.
It's potato chip day! in cafe. 😊
Blueberry drive is now dry!! 😊
I love my hair! 😊
I love D's hair. 😊
Mike’s haircut looks great! 😊
I'm thankful for volunteers. Thank you.

The happy song: My Boss! 😊
2 5/8 retail. 😊
3-day weekends!! 😊

Working with minimal interruptions. 😊
I made it out of bed. 😊

Family & weddings! Video of a Gator Fan doing the fight song in a FSA tee shirt 😊

Flower boxes built by wonderful husbands who also buy flowers for me. 😊
Three Good Things (free)
www.dukepatientsafetycenter.com
Duke Resilience Retreat
(1 day or 3 day)
www.dukepatientsafetycenter.com
Humans are capable of being physically, emotionally, cognitively, socially, financially and spiritually overwhelmed from time to time.

When we are particularly challenged, we need a combination of resilience role models, tools, strategies, and protected time, so that we don’t just bounce back – we bounce higher...
Pass it on…

“Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened”

--Budha
Specific Tools

• 3 Good Things: bit.ly/3GTSEPT142015
• Gratitude Letters: bit.ly/gratpre
• Signature Strengths: bit.ly/SSTRENGTHS
• Active Constructive Responding
• Cultivate Confidants
• 3 day Resilience Retreat in May & Nov
• 1 day Resilience Essentials January/April/Sept

www.dukepatientsafetycenter.com
Bite Sized Resilience: Cultivating Gratitude

Within the characters for thanks and feelings are embedded the symbols for heart and speech. From the heart, with feeling, I express my gratitude.
<table>
<thead>
<tr>
<th>Emotion Label</th>
<th>Appraisal Theme</th>
<th>Thought-Action Tendency</th>
<th>Resources Accrued</th>
<th>Core trio in mDES item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>safe, familiar, unexpectedly good</td>
<td>play, get involved</td>
<td>skills gained via experiential learning</td>
<td>joyful, glad, or happy</td>
</tr>
<tr>
<td>Gratitude</td>
<td>receive a gift or benefit</td>
<td>creative urge to be prosocial</td>
<td>skills for showing care; loyalty; social bonds</td>
<td>grateful, appreciative, or thankful</td>
</tr>
<tr>
<td>Serenity (a.k.a., Contentment)</td>
<td>safe, familiar, low effort</td>
<td>savor and integrate</td>
<td>new priorities; new views of self</td>
<td>serene, content, or peaceful</td>
</tr>
<tr>
<td>Interest</td>
<td>safe, novel</td>
<td>explore, learn</td>
<td>knowledge</td>
<td>interested, alert, or curious</td>
</tr>
<tr>
<td>Hope</td>
<td>fearing the worst, yearning for better</td>
<td>plan for a better future</td>
<td>resilience; optimism</td>
<td>hopeful, optimistic, or encouraged</td>
</tr>
<tr>
<td>Pride</td>
<td>socially valued achievement</td>
<td>dream big</td>
<td>achievement motivation</td>
<td>proud, confident, or self-assured</td>
</tr>
<tr>
<td>Amusement</td>
<td>non-serious social incongruity</td>
<td>share joviality, laugh</td>
<td>social bonds</td>
<td>amused, fun-loving, or silly</td>
</tr>
<tr>
<td>Inspiration</td>
<td>witness human excellence</td>
<td>strive toward own higher ground</td>
<td>motivation for personal growth</td>
<td>inspired, uplifted, or elevated</td>
</tr>
<tr>
<td>Awe</td>
<td>encounter beauty or goodness on a grand scale</td>
<td>absorb and accommodate</td>
<td>new worldviews</td>
<td>awe, wonder, amazement</td>
</tr>
<tr>
<td>Love</td>
<td>any/all of the above in an interpersonal connection</td>
<td>any/all of the above, with mutual care</td>
<td>any/all of the above, especially social bonds</td>
<td>love, closeness, or trust</td>
</tr>
</tbody>
</table>
Gratitude definition:

grat·i·tude
ˈgratəˌt(y)o͞od/
noun
noun: gratitude
the quality of being thankful; readiness to show appreciation for and to return kindness.

Robert A. Emmons, Ph. D., is Professor of Psychology at UC Davis.
led to increases in positive affect, as well as reductions in negative affect, mediational analyses showed that gratitude was uniquely responsible for the effect of the intervention on positive affect. In addition, the gratitude intervention improved people’s amount of sleep and the quality of that sleep. Furthermore, the effects on well-being were apparent to the participants’ spouse or significant other.
The Gratitude Letter
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 to relieve suffering and may someday be the practical legacy of positive psychology.
The Gratitude Letter
Seligman, Steen, Park & Petersen, 2005
How to be grateful?

Like any positive emotion, it helps to be open, appreciative, curious, kind, and above all, be real and sincere.
At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.

Albert Schweitzer (1875-1965; Physician, Philosopher, Theologian and Nobel Peace Prize Winner)
Humans are capable of being physically, emotionally, cognitively, socially, financially and spiritually overwhelmed from time to time.

When we are particularly challenged, we need a combination of resilience role models, tools, strategies, and protected time, so that we don’t just bounce back – we bounce higher...
Gratitude

Think of someone who has done something amazing for you, this person can be alive or no longer with us. This person contributed to your well-being in a big way. Spend the next few minutes writing a brief note, telling this person what they did, how it impacted you, and the benefits you have received. Be genuine, kind and appreciative in your note.
A hundred times a day I remind myself that my inner and outer life depends on the labors of others, living and dead, and that I must exert myself in order to give in the measure as I have received and am still receiving.

--Albert Einstein
Specific Tools

- 3 Good Things: bit.ly/3GTSEPT142015
- Gratitude Letters: bit.ly/gratpre
- Signature Strengths: bit.ly/SSTRENGTHS
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- 3 day Resilience Retreat in May & Nov
- 1 day Resilience Essentials

January/April/Sept

www.dukepatientsafetycenter.com
I am grateful for............
Paying attention is a form of love
Brief Expression of Gratitude

Think of someone who has done something amazing for you, this person can be alive or no longer with us. This person contributed to your well-being in a big way. Spend the next few minutes writing a brief note, telling this person what they did, how it impacted you, and the benefits you have received. Be genuine, kind and appreciative in your note. Please specify: “This is what you did, how it impacted me, and here are the benefits I have received.”
What just happened...

• More than a thank you note, it required that you take time to reflect on what the other person meant to you.
• The mere act of writing the letter contributes to your well being
• The time and effort that it took to write the letter makes the recipient feel valued
• The existence of the letter means that the recipient can revisit it, creating long lasting effects
What just happened...

The emotions associated with giving/receiving this letter are similar to the emotions following our greatest accomplishments – as a result, our understanding of success expands to include accomplishments we have previously taken for granted, even for the recipient (e.g., a struggling teacher who receives a letter from a grateful student recalibrates how successful she has really been)
What just happened...

Try doing this monthly or bi-monthly, as part of a predictable routine

Benefits are powerful, but only last 4-6 weeks, so repeated use is encouraged
Signature Strengths

24 universal strengths found across cultures, nations, religions and politics. They are moral strengths – strengths that we value in and of themselves.

Martin Seligman, 2012
VIA Character Strengths & Virtues (Peterson and Seligman, 2004)

- Courage
  - Persistance
  - Integrity
  - Vitality
  - Love
  - Kindness
  - Social Intelligence
  - Appreciation of Beauty and Excellence
  - Gratitude
  - Hope
  - Humour
  - Spirituality
- Wisdom and knowledge
  - Creativity
  - Curiosity
  - Open-mindedness
  - Love of Learning
  - Perspective
  - Citizenship
  - Fairness
  - Leadership
  - Forgiveness and Mercy
  - Humility/Modesty
- Justice
  - Temperance
  - Transcendence
  - Self-regulation
  - Prudence

A life of pleasure, engagement and meaning
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.
Signature Strengths

chart showing happiness and depressive symptoms over time for placebo control (n = 70) and using signature strengths (n = 66)
<table>
<thead>
<tr>
<th>Strength</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Curiosity</td>
<td>You are curious about the world and you strongly desire experience of it. You are flexible about matters that don’t fit your preconceptions. Curious people do not simply tolerate ambiguity but they like it and are intrigued by it. You seek out novelty, and you are rarely bored.</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>2. Love of learning</td>
<td>You love learning new things, whether you are in a class or on your own. You always loved school, reading, museums - anywhere and everywhere there is an opportunity to learn. There are domains of knowledge in which you are the expert, and others value your expertise. You love learning about these domains, even in the absence of any external incentives to do so.</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>3. Judgment</td>
<td>You think things through and examine them from all sides. You do not jump to conclusions, and you rely only on solid evidence to make your decisions. You are able to change your mind. You are very good at sifting information objectively and rationally, in the service of the good for yourself and others. You do NOT just think in ways that favor and confirm what you already believe.</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>4. Ingenuity</td>
<td>When you are faced with something you want, you are outstanding at finding novel yet appropriate behavior to reach that goal. You are rarely content with doing something the conventional way. This strength is also called &quot;practical intelligence&quot; or more bluntly common sense or street smarts.</td>
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<tr>
<td>5. Emotional intelligence</td>
<td>You are aware of the motives and feelings of others, and of yourself, and you can respond skillfully. You notice differences among others, especially with respect to their moods, temperaments, motivations, and intentions, and then you act upon these distinctions. You also have finely tuned access to your own feelings and the ability to use that knowledge to understand and guide your behavior.</td>
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<tr>
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<tr>
<td>6. Perspective</td>
<td>You have a way of looking at the world that makes sense to others and yourself. Others seek you out to draw on your experience, and you are often able to help them solve problems and gain perspective. You have a good sense of what is really important in life.</td>
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<tr>
<td>7. Valor</td>
<td>You do not shrink from threat, challenge, pain, or difficulty. Valor is more than bravery during physical threat. It refers as well to intellectual or emotional stances that are unpopular, difficult, or dangerous. The brave person is able to uncouple the emotional and behavioral components of fear, resisting the urge to flee and facing the fearful situation. Fearlessness, boldness, and rashness are not valor; it is facing danger, despite fear, that marks valor.</td>
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<td>8. Perseverance</td>
<td>You finish what you start. You take on difficult projects and finish them, usually with good cheer and minimal complaint. You do what you say will do and sometimes more, never less. Perseverance does not mean dogged or obsessive pursuit of unattainable goals. Rather you remain flexible, realistic, and not perfectionistic.</td>
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<td>Rank</td>
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<tr>
<td>9. Integrity</td>
<td>You are an honest person, not only always speaking the truth but also living your life in a genuine and authentic way. You are down to earth and without pretense. You representing your intentions and commitments to others and to yourself in sincere fashion, whether by word or deed.</td>
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<td>10. Kindness</td>
<td>You are kind and generous to others, and you are never too busy to do a favor. You enjoy doing good deeds for others, even if you do not know them well. Your actions are very often guided by other people's best interests, even when these override your own immediate wishes and needs.</td>
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<td>11. Loving</td>
<td>You value close and intimate relations with others. You have deep and sustained feelings for others, who feel the same way about you. This strength is more than the Western notion of romance; it is about very deep ties to several or many people.</td>
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<td><strong>12. Citizenship</strong></td>
<td>You excel as a member of a group. You are a loyal and dedicated teammate. You always do your share, and you work hard for the success of the group. You value the group goals and purposes even when they differ from your own. You respect those who are rightfully in positions of authority, like teachers or coaches, and you identify with the group. Rank _____</td>
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<tr>
<td><strong>13. Fairness</strong></td>
<td>You do not let your personal feelings bias your decisions about other people. You give everyone a chance. You guided in your day-to-day actions by larger principles of morality. You take the welfare of others, even those you do not know personally, as seriously as your own, and you can easily set aside personal prejudices. Rank _____</td>
</tr>
<tr>
<td><strong>14. Leadership</strong></td>
<td>You do a good job organizing activities and seeing to it that they happen. You are a humane and effective leader, attending to getting the group's work at the same time as maintaining good relations among group members. You are additionally humane when you handle intergroup relations with malice toward none and charity toward all. Rank _____</td>
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<tr>
<td><strong>15. Self-control</strong></td>
<td>You can easily hold your desires, needs, and impulses in check when it is appropriate. It is not enough to know what is correct; you must also be able to put this knowledge into action. When something bad happens, you can regulate your own emotions. You can repair and neutralize your negative feelings, and generate positive emotions on your own. Rank _____</td>
</tr>
<tr>
<td><strong>16. Prudence</strong></td>
<td>You are a careful person. You do not say or do things you might later regret. You wait until all the votes are in before embarking on a course of action. You are far-sighted and deliberate. You are good at resisting impulses about short term goals for the sake of longer term success. Rank _____</td>
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<tr>
<td><strong>17. Humility</strong></td>
<td>You do not seek the spotlight, preferring to let your accomplishments speak for themselves. You do not regard yourself as special, and others recognize and value your modesty. You are unpretentious. You see your own aspirations, victories and defeats as pretty unimportant in the larger scheme of things. Rank _____</td>
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<tr>
<td><strong>18. Appreciation</strong></td>
<td>You stop and smell the roses. You appreciate beauty, excellence, and skill in all domains: nature, the arts, science, and the wide range of abilities that other people possess. You often see or hear things cause you to feel profound feelings of awe and wonder. Rank _____</td>
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<tr>
<td><strong>19. Gratitude</strong></td>
<td>You are aware of the good things that happen to you, and you never take them for granted. You always take the time to express your thanks. Gratitude is an appreciation of someone else's excellence in moral character. We are grateful when people do well by us, but we can also be more generally grateful for good acts and good people. Gratitude can also be directed toward impersonal and nonhuman sources--God, nature, life--but it cannot be directed toward the self. Rank _____</td>
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<tr>
<td><strong>20. Hope</strong></td>
<td>You expect the best in the future, and you plan and work in order to achieve it. Hope, optimism, and future-mindedness are a family of strengths that represent a positive stance toward the future. Expecting that good events will occur, feeling that those will ensue if you try hard, and planning for the future sustain good cheer in the here-and-now and galvanize goal-directed life. Rank _____</td>
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<tr>
<td><strong>21. Spirituality</strong></td>
<td>You have strong and coherent beliefs about the higher purpose and meaning of the universe. You know where you fit in the larger scheme. Your beliefs shape your actions and are a source of comfort to you. You have an articulated philosophy of life, religious or secular, that locates your being in the larger universe. Life has meaning for you by virtue of attachment to something larger than yourself. Rank _____</td>
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<tr>
<td><strong>22. Forgiveness</strong></td>
<td>You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge. Forgiveness represents a set of prosocial changes that occur within an individual who has been offended or hurt by someone else. When people forgive, their motivations and actions regarding the transgressor become more positive (e.g., benevolent, kind, generous) and less negative (e.g., vengeful, avoidant). Rank _____</td>
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<tr>
<td><strong>23. Humor</strong></td>
<td>You like to laugh and bring smiles to other people. You can easily see the light side of life. You are playful and funny. Rank _____</td>
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<tr>
<td><strong>24. Zest</strong></td>
<td>You are a spirited person. You throw yourself body and soul into the activities you undertake. You wake up in the morning looking forward to the day. The passion that you bring to activities is infectious. Rank _____</td>
</tr>
</tbody>
</table>
Signature Strengths

• “Does this strength express who I am?”
• “Do I feel excited to display this quality?”
• “Do I feel that no one can stop me when I’m using this strength?”
• “Do I express enthusiasm and joy when using this strength?”
• “Do I feel invigorated by it?”
Thank you for your interest in Signature Strengths, please finish this brief survey to start a week of engagement.

Email: please provide an email address that is highly accessible to you in the mornings, i.e., from your mobile phone, laptop or tablet. (does not have to be your work email)

Email Address
Verify Email Address

What name do you prefer to be called:

name

www.dukepatientsafetycenter.com

Survey Powered By Qualtrics
Based on your recent assessment, please drag and drop your top 5 strengths into the box, then put them in order as best your can.

<table>
<thead>
<tr>
<th>Items</th>
<th>Top 5 Strengths</th>
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<tbody>
<tr>
<td>Curiosity</td>
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<td>Love of learning</td>
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<td>Judgment</td>
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<td>Ingenuity/Creativity</td>
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<td>Emotional intelligence</td>
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<td>Perspective</td>
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<td>Appreciation of Beauty/Excellence</td>
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<td>Zest</td>
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</tbody>
</table>
Top 5 Strengths

1. Forgiveness
2. Spirituality
3. Hope
4. Kindness
5. Gratitude

Please drag and drop your top 5 strengths into the box, then put them in order.
Please choose one option in response to each statement. All of the questions reflect statements that many people would find desirable, but we want you to answer only in terms of whether the statement describes what you are like.

Please be honest and accurate!

We can not rank your strengths until you answer all of the 240 questions.

All questions must be completed for this questionnaire to be scored.

1. I find the world a very interesting place.
   - Very Much Like Me
   - Like Me
   - Neutral
Welcome to Authentic Happiness

Authentic Happiness is the homepage of Dr. Martin Seligman, Director of the Positive Psychology Center at the University of Pennsylvania and founder of positive psychology, a branch of psychology which focuses on the empirical study of such things as positive emotions, strengths-based character, and healthy institutions.

This website has more than 2 million users from around the world, and you are welcome to use all of the resources available here for free.

The best place to start is by learning more about the latest theory and initiatives in positive psychology, by taking one of our well-being questionnaires, or by checking out recent presentations and selected media.

Post-Traumatic Growth in The New York Times Magazine


Click here to read about the "surprisingly positive flip side" to post-traumatic stress.
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Post-Traumatic Growth
In The New York Times Magazine


Positive Psychology Initiatives

Positive psychology theory and research has been applied across many domains, from education to health to neuroscience. Now on Authentic Happiness you can read about some of the largest initiatives currently underway, including:

- Positive Education
- Comprehensive Soldier Fitness
- Positive Psychotherapy
- Positive Neuroscience

VIA Survey of Character Strengths

Measures 24 Character Strengths

University of Pennsylvania Master of Applied Positive Psychology Program

Resources & Links

Additional resources can be found at other Positive Psychology websites:
- International Positive Psychology Association (IPPA)
- BBC News, The Happiness Formula
- American Psychological Association (APA)
- European Network for Positive Psychology
- National Institute of Mental Health (NIMH)
- Positive Organizational Scholarship at the University of Michigan School of Business
- Positive Psychology Center, Research Information
- Quality of Life Research Center
- VIA Institute on Character
- Positive Psychology Books
Your Top Strength

Creativity, ingenuity, and originality
Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.

Your Second Strength

Hope, optimism, and future-mindedness
You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.

Your Third Strength

Humor and playfulness
You like to laugh and tease. Bringing smiles to other people is important to you. You try to see the light side of all situations.

Your Fourth Strength

Leadership
You excel at the tasks of leadership: encouraging a group to get things done and preserving harmony within the group by making everyone feel included. You do a good job organizing activities and seeing that they happen.

Your Fifth Strength

Kindness and generosity
You are kind and generous to others, and you are never too busy to do a favor. You enjoy doing good deeds for others, even if you do not know them well.
Your Top Strength

Creativity, ingenuity, and originality
Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.

Your Second Strength

Perspective (wisdom)
Although you may not think of yourself as wise, your friends hold this view of you. They value your perspective on matters and turn to you for advice. You have a way of looking at the world that makes sense to others and to yourself.

Your Third Strength

Forgiveness and mercy
You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge.

Your Fourth Strength

Hope, optimism, and future-mindedness
You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.

Your Fifth Strength

Love of learning
You love learning new things, whether in a class or on your own. You have always loved school, reading, and museums—anywhere and everywhere there is an opportunity to learn.
Specific Tools

• Gratitude Letters
• Signature Strengths
• Three Good Things
• Active Constructive Responding
• Cultivate Confidants
• 3 day Resilience Retreat in May & Nov
• 1 day Resilience Essentials

January/April/Sept

www.dukepatientsafetycenter.com
The Two Wolves Cherokee Legend

An old Cherokee is teaching his grandson about life. "A fight is going on inside me," he said to the boy. "It is a terrible fight and it is between two wolves. One wolf is evil - he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego." He continued, "The other is good - he is Joy, Gratitude, Serenity, Interest, Hope, Pride, Amusement, Inspiration, Awe, Love, and faith. The same fight is going on inside you grandson - and inside every other person, too."

"Which wolf will win?"

The old Cherokee simply replied, "The one you feed."

The grandson thought about it for a minute and then asked his grandfather: