

SUPPORTING PENNSYLVANIA'S HEALTH CARE WORKFORCE

# RESOURCES FOR A RESILIENT WORKFORCE



The Hospital + Healthsystem  
Association of Pennsylvania

UPDATED OCTOBER 2021

# A NOTE FROM ANDY CARTER, HAP PRESIDENT AND CEO

This is an unprecedented time to work in health care.

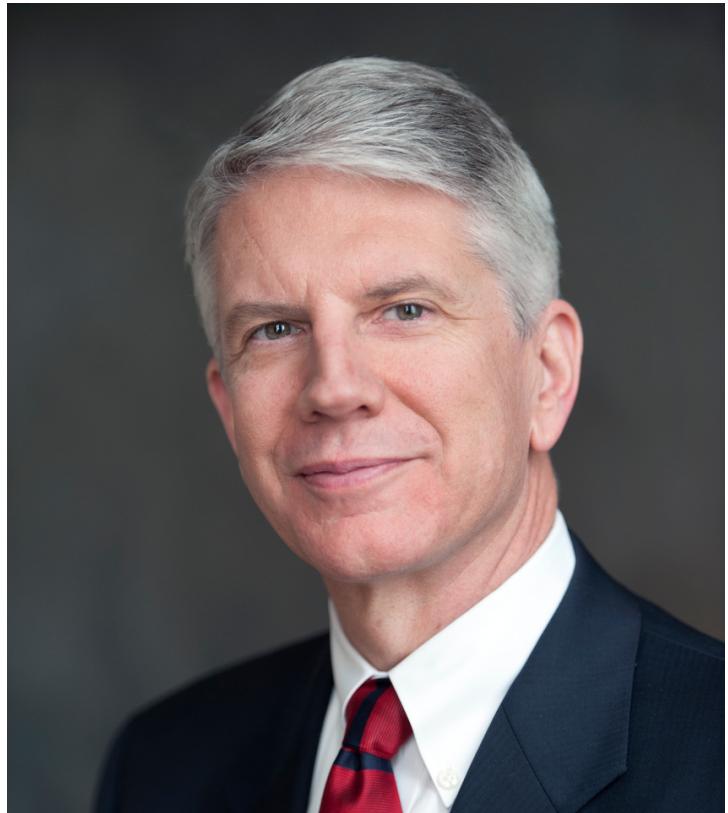
The onset of the coronavirus pandemic has made the need to address health care worker resiliency even more relevant as many health care workers are on the front lines of managing a COVID-19 pandemic.

"Heroes Work Here" is a sentiment frequently directed at the dedicated workforce employed by hospitals, nursing homes, and other health care providers during the time of the COVID-19 pandemic.

As the world continues to work to mitigate the impact of COVID-19, these health care heroes are working tirelessly to protect patients, colleagues, and the community.

Whether due to increased job demands, coping with unusual circumstances, and/or fears of contagion to self and others, the outbreak could have a profound impact on health care workers and their ability to remain effective in rapidly evolving situations, while increasing the risk of distress, anxiety, and burnout.

HAP developed this resiliency resource tool to assist members in their efforts to support their health care workforce. The tool contains a compendium of strategies and information to support the well-being of health care workers throughout the continuum of care services they provide.



The intent of this tool is to provide hospital leadership, middle managers, and staff with information regarding the emotional, physical, mental, and financial stress which may impact health care workers in all settings. We have included tools and resources that may be used to recognize and mitigate the impact of this suffering.

With these available resources, HAP encourages the hospital community to remain resilient and maintain a positive perspective and vision to pave the road to a healthier future.

September 2020

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**Disclaimer:** *The information and guidance provided in this document is believed to be current and accurate at the time of posting, but it is not intended as, and should not be construed to be, legal, financial, medical, or consulting advice.*

# OVERVIEW

The rapid emergence of the COVID-19 pandemic has impacted every aspect of the way we live, from purchasing groceries, to communicating with loved ones, to receiving health care. The effects have reached into the personal, professional, social, and financial aspects of our lives, creating levels of stress that are unprecedented for most Americans. In their unique position of continually caring for others, health care workers—often in life or death situations—have been fraught with concerns for their own health and the health of their loved ones. They are also dealing with job burnout, mental pressure, anxiety, and depression symptoms.

The literature is rich with articles, editorials, commentaries, and research on the psychological impact clinicians experience during a pandemic. The emotional response has been equated to those experienced during a natural disaster, which can range from post-traumatic growth, to burnout, to post traumatic stress symptoms.[1]

Even before COVID-19, burnout was well documented within the health care community with rates as high as 70 percent for clinicians in the intensive care setting. [2]

The *Journal of the American Medical Association* (JAMA), reporting studies using the Maslach Burnout Inventory (MBI), found burnout rates for physicians as high as 67 percent.[3] The impact goes beyond burnout.

Fumis, et al., discusses the negative impact on patient quality, safety outcomes, as well as the personal consequences of substance abuse and depression for clinicians.[4]

Research from the psychological impact of quarantine during SARS was a predictor for staff to report symptoms of acute stress disorder.[5] Concerns about safeguarding themselves and their families was frequent, along with feelings of anger and frustration. Confusion was widespread.

When clinicians become ill and are quarantined, the combination compounds the impact. Being separated from family, friends, and colleagues, coupled with professional guilt and social pressure from becoming ill, plus the physical aspects of the illness itself, can all become overwhelming.

Even though stress is an accepted occupational norm in health care, the complex layers of stress, burnout, anxiety, and depression during a pandemic are exponential and difficult to address.

The onset of the coronavirus pandemic has escalated the need to address stress, burnout, and resiliency even more critical as health care workers face unprecedented work pressures.

# IMPACT TO HEALTH CARE WORKERS

Health care providers are working long hours, social distancing from their coworkers and families, protecting every precious piece of personal protective equipment (PPE), working in unfamiliar roles/departments, and worrying about their own health and the possibility of unintentionally infecting their loved ones with the virus. They have been the “family” for ill and dying patients. Additionally, they are stepping up to care for the sickest patients they have seen in their careers and in volumes that tax their physical, mental, emotional, and overall well-being.

Historically, health care workers have learned to compartmentalize illness and death. However, the pervasiveness of the COVID-19 pandemic leaves little room for a reset or recovery. Health care providers tend to be strong and silent about the stressors innate to the work and do not typically discuss the challenges surrounding the stressful work setting. This stoic approach is a long-standing cultural environment that is well acknowledged within the health care community.[6] When coupled with the unknowns of the novel coronavirus, the rapidly changing knowledge, and staff being stretched to their limits, the compounding effects can burn out even the most resilient health care providers.

All of this is an unfortunate perfect storm for increased stress and burnout, which can lead to anxiety, depression, substance abuse, and suicide in rare cases.

Now more than ever, supporting staff to manage burnout, low morale, and the unhealthy effects of stress is a critical part of the public health response to the pandemic and will ensure the health of staff as we move through the impact of COVID-19. The stressors will be there, so building resilience can offer essential support. However a longer-term vision that embraces the well-being of clinicians and a cultural shift that acknowledges that ongoing and organized assistance for health care workers in crisis is needed.

**“THE EXPECTATION THAT  
WE CAN BE IMMersed IN  
SUFFERING AND LOSS  
DAILY AND NOT BE  
TOUCHED BY IT IS AS  
UNREALISTIC AS  
EXPECTING TO BE ABLE  
TO WALK THROUGH  
WATER WITHOUT  
GETTING WET.”**

Remen, 1996



# PATIENT SAFETY AND QUALITY IMPACT

When decisions are made regarding the prevention, management, and mitigation of health care worker burnout, patient safety and quality must be factored in. It is no surprise that burnout increases the frequency of medication errors, interferes with the proper use of equipment, and predisposes clinicians to disregard policies and procedures. This results in potential patient harm. Additionally, the second victim effect is more prevalent in the presence of burnout, compounding the impact. Results from a systematic review and meta-analysis that evaluated the relationship between burnout and patient safety indicated more than a 60 percent association. The results also demonstrated a decline in staff satisfaction in units with higher levels of burnout.[7]

The impact of clinician burnout is not limited to the inpatient setting. Nørøxe found an inverse relationship between physician well-being and admissions. As physician well-being decreased, admissions for ambulatory care sensitive conditions increased.[8]

## FINANCIAL IMPACT

Overwhelming job demands and insufficient resources may lead to clinician burnout. The financial impact to the health care community can be astonishing.

According to highlights in a 2019 consensus study conducted by the National Academy of Medicine, an estimated 35 to 54 percent of U.S. physicians and nurses have substantial symptoms of burnout. The study also found that burnout is a problem among all clinical disciplines and across care settings, with high personal costs for individual clinicians and high social and economic costs for their organizations and society as a whole.[9]

Another 2019 study estimated that physician burnout costs the health care industry between \$2.6 and \$6.3 billion each year. That study calculated a baseline of approximately \$4.6 billion in costs from turnover, reduced productivity, and other burnout-related factors.[10]

Results outlined in the 2020 NSI National Health Care Retention and RN Staffing Report indicate that the average cost of turnover for a bedside registered nurse (RN) is \$44,400 and ranges from \$33,300 to \$56,000 resulting in the average hospital losing \$3.6 to \$6.1 million. Each percent change in RN turnover will cost/save the average hospital an additional \$306,400 per year.[11]

The cost of turnover can have a profound impact on diminishing hospital margins. Both individual-focused and structural or organizational solutions are required to address clinician burnout.

# RECOGNIZING STRESS

Stress can be defined in many ways. In essence it is the body's response to physical, emotional, or mental stressors that can be internal or external. It can be real or perceived. It is difficult to measure, highly subjective, and influenced by an individual's ability to adapt and utilize available resources. With that, everyone responds differently to stress and many of the signs and symptoms are interchangeable. The most frequent signs and symptoms are:

- Impaired memory/concentration
- Irritability
- Anxiety
- Mood swings
- Grinding teeth, clenched jaw
- Headaches
- Feeling "out of it"
- Indigestion or acid reflux
- Depression
- Aches, pains, and tense muscles
- Chest pain and rapid heartbeat
- Sleep disruption, insomnia, low energy
- Frequent colds and infections
- Dizziness
- Increase in or loss of appetite
- Weight loss or gain

Even before the pandemic, health care workers were balancing a tremendous amount of rapid change. The electronic health record, increased documentation, less time with patients and family, mergers, as well as productivity and quality measures created a high stress work environment. Adding to the long list of stressors from the pandemic was like putting fuel on the fire. Couple this with minimal time for self-care to recharge creates an unfortunate climate for burnout rates to escalate.

## Even Before COVID Rapid Changes in Health Care were Happening Contributing to Burnout



More serious outcomes of ongoing unmanaged stress are substance abuse and severe depression. The World Health Organization (WHO) estimated that 30–50 percent of health care workers will develop Post Traumatic Stress Disorder (PTSD) due to a pandemic.[12] Stress left unmanaged can lead to depression and chronic PTSD. Death by suicide has been reported in health care workers with PTSD.[13]

There are a multitude of methods for building resilience, with self-care being one of the most important. Mindfulness and other stress management techniques can also provide tools for staff to manage this difficult time.

Learning a new behavior, such as self-care, may be difficult initially, so ongoing support for the individual is beneficial. Creating an organizational culture of self-care and wellness—paired with easy access to resources and support—can be key in removing barriers. The resource section of this tool provides a lengthy list of options from which to select. When implementing any initiative, consider your staff's preference for learning and receiving information. Using a variety of tools is usually recommended.

## The Interaction between Sources of Stress and the Work Environment during COVID-19

### Stressors ← → Causes

#### Loss of Safety/Insecurity

- PPE shortages
- Fear of disease transmission

#### Loss of Control/Unpredictable Events

- Continued disease spread despite safety measures

#### Uncertainty/Change

- Changes to policies and procedures
- Need to make changes with little information (closing of units)

#### Loss of Life/Loved Ones

- Serving as “family” for ill and dying patients due to restricted visitation
- Personal losses

#### Lack of Emotional Support

- Quarantine/social distancing/heathcare workers separated from family
- Public scrutiny of healthcare facilities
- Stigmatization

#### Overwork/Exhaustion/Lack of Self-Care

- Protracted use of PPE
- Healthcare workers “service before self” mentality

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Associate Chief Nursing Officer  
Hebrew Rehabilitation Center  
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# HOW TO BUILD RESILIENCE

## WHAT LEADERSHIP CAN DO

The pandemic hit hard and fast, causing disruption and constant reprioritizing throughout the broader U.S. health care system. Lack of resources, supply chain concerns, staffing, infection control policies, and financial impacts require nimble leadership making high impact decisions, occurring sometimes on an hourly basis.

In the *Annals of Internal Medicine*, Dewey and colleagues discuss protecting the well-being of leadership and front line clinicians and encouraging a culture that will sustain the workforce during the pandemic.[14]

Understanding and acknowledging that staff may be working in less than optimal and less rewarding environments is key. At times, clinicians are being asked to work and practice beyond their real or perceived competency and being reassigned to unfamiliar units with unknown work practices.

The cliché—an ounce of prevention—has never been more relevant when protecting the workforce. Learning from the Severe Acute Respiratory Syndrome (SARS) and other viral outbreaks may offer insight and guidance.[15,16]

Even small actions can make a difference in the preservation of staff's physical and emotional health.

**"The aspiration to relieve suffering, protect human dignity, and improve the human condition is what makes the health care workforce 'tick.'**

**If we expect the health care workforce to care for patients, we need to care for the workforce."**

**Through the Eyes of the Workforce  
Creating Joy, Meaning, and Safer Health Care**

When making hospital rounds, leadership may use the time wisely and find moments to be meaningfully engaged with staff with high quality human connections. Sexton and colleagues found this practice was associated with better patient safety culture, higher employee engagement, and lower burnout.[17] The importance of simple and genuine expressions of gratitude for the commitment of health care professionals and their willingness to put themselves in harm's way for patients and colleagues cannot be overstated.[18]

# HOW TO BUILD RESILIENCE

Acknowledge the loss that staff is experiencing; loss of patients, control, routine, and rewarding outcomes that typically would provide pride and job satisfaction and the fuel to keep going.

Health care staff may experience survivor guilt, emotional stressors related to higher death rates, and the necessity to provide the role of “family” for a dying patient, as well as guilt for being at work or not being able to work. Providing Psychological First Aid (PFA) training across the organization can offer boots on the ground support during a pandemic and has been equated to CPR training. PFA training can elevate awareness and

provide staff with basic tools to recognize coworkers experiencing undue stress and encourage early intervention.

Gispen and Wu discuss the outcomes of PFA training at John Hopkins Hospital, not as an end all be all answer to burnout, but as a step towards creating a culture of clinician well-being.[19]

In a rapid review and meta-analysis, Kisely, et al. examined the psychological effects on clinicians in past viral outbreaks and the current pandemic. They concluded that interventions to prevent and ease the psychological distress reduced the impact. [20]

## WHAT CAN WE DO?

### Create a Dialogue between Leadership and Staff

- Promote Sense of Safety**
- Communication of policies and procedures
  - Acknowledge change
  - Communicate resources and support plan
  - Reliable sources of information/limiting intake of media/news

- Promote Sense of Self/Collective Efficacy**
- Real time education
  - Use of training tools
  - Identify points of control
  - Define/practicing roles
  - Problem solving strategies

- Promote Sense of Calm**
- Normalize reactions
  - Be present
  - Mindfulness
  - Moments of pause/meditation

- Promote Sense of Connectedness**
- Inspire/celebrate teams
  - Form “battle buddy” relationships
  - Support groups
  - Stockpile compassion for self and others

- Promote Sense of Hope**
- Send thank you's
  - Share recovery stories
  - We will get through this together

Reference: Hobfoll, et al

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Hobfoll, et al.,[21] examined the impact of disasters and mass violence and provides guidance on five interventions that can be applied to mitigating the emotional and psychological impact of the current pandemic.

# HOW TO BUILD RESILIENCE

## BECOMING A HIGH RELIABILITY ORGANIZATION

Traditionally, safety was viewed as an individual responsibility and errors in health care were identified as flaws perpetrated by the individual.

High reliability organizations (HROs) recognize that humans by nature are imperfect. This systems approach focuses on understanding the conditions in which practitioners work and identifying the root causes for errors. It is a recognized strategy for reducing harm to patients and health care workers.

According to Dr. Jennifer Thull-Freedman, "as individual health care providers facing the threat of a deadly pandemic seem to inherently recognize, they must rely not only on individual dedication, but also, more importantly, on the reliability of teams and systems to prevent unnecessary harm from reaching themselves and their patients." [22]

In a close interconnected and multi-directional relationship, the impact of burnout permeates throughout the layers of the health care system from the senior leadership to the patient and family. Understanding this dynamic interplay can provide valuable insight to patient safety, quality improvement, and the movement towards a high reliability model of care. Tawkit et al., discusses the relationship between patient safety and burnout,[23] while Rangachari and Woods address organizational resilience during COVID-19.[24]

**Creating an interpersonal climate in which all employees feel empowered to speak up will lead to fewer errors and better performing teams, the Harvard professor and bestselling author Amy Edmondson told attendees at Learn Serve Lead 2019: The AAMC Annual Meeting [25]**

# HOW TO BUILD RESILIENCE

## Organizational Resilience The Components, Impact, and Outcome

Worker trust psychological safety, and empowerment are key elements of a positive work environment that enable safe, high-quality care to be delivered, despite challenges. They are pre-requisites for preserving organizational resilience, patient safety, and staff retention, during and beyond the pandemic.

Rangachari & Woods, 2020



**"Health care professionals indicate they appreciate leaders visiting hospital units that are caring for patients with COVID-19 regularly to provide reassurance. They do not expect leaders to have all the answers, but need to know that capable people are deployed and working to rapidly address the issues."** (Shanafelt, Ripp, & Trockel, 2020)



# HOW TO BUILD RESILIENCE

## WHAT MANAGERS AND STAFF CAN DO

As the first point of contact, the role as manager is vitally important for keeping a pulse on the well-being of staff.

Supporting teams with genuine concern, compassionate active listening, and the sharing of personal challenges can open the door for staff to feel safe to express their concerns regarding stress levels, patient safety, and day to day operations. Sharing a “human” side creates a culture of approachability, relatability, and may reduce the stoic character many health care workers embrace.

It is not necessary to be a marathon runner to model healthy behaviors.

Encouraging healthy sleep patterns, good nutrition, movement, and down time may help staff with self-care. There are peer driven self-care influences at the unit level that can be impacted.[26]

Having tools and resources allows managers to support staff during this challenging time. The resource subsection provides a unit based checklist to review, as well as activities and communications from which to select. For staff that prefer to use tools individually, the app section may be helpful. The resource section also has an extensive list of links with brief descriptions offering additional tools to support staff.

### Model Self Care—

**Much like a flight attendant on a plane would tell passengers to put on their own oxygen mask before helping others, modeling self-care in your leadership role in your hospital can help to create a culture of wellness within a unit or department.**



# CLOSING

Research, commentaries, blogs, editorials, and briefs provide evidence of the growing impact of stress and burnout in health care workers. Burnout is real, present, and taking a toll on the health and the well-being of health care workers and the communities they serve.

There is a unique opportunity in the face of this pandemic to unite and strengthen health care teams. Although the pandemic is creating major challenges, it also provides valuable insights and raises the awareness of the improvements needed for a strong, resilient infrastructure.

Preventing a parallel pandemic of stress, burnout, anxiety, and depression will take commitment to make a lasting change. It will take more than self-care tools—no set of tools will prove effective if there is not also systemic change that creates a culture of wellness.

A cultural shift to moral distress/injury versus burnout will lift the guilt from the clinician and focus on system wide efforts to creating a work environment that supports quality patient care and a healthy workforce.[27]

Sustaining a healthy workforce is essential. It will take vision and commitment as clinician well-being is complex. The good news is taking steps to decrease burnout does work.[28]

There is certainly an abundance of resources available. Planning, implementing, and evaluating program interventions will serve as long-term methods for creating a culture of wellness where staff can thrive.

**“WHAT LIES BEHIND  
US AND WHAT LIES  
BEFORE US ARE TINY  
MATTERS COMPARED  
TO WHAT LIES  
WITHIN US.”**

Ralph Waldo Emerson

# PENNSYLVANIA HOSPITAL STRATEGIES

## CARING FOR OUR CAREGIVERS

**Washington Health System, Washington, PA**

**Challenge:** At the request of a physician who had gone through unexpectedly losing a newborn patient, Washington Health System identified a compelling need for a peer support program.

Before the program's implementation, spiritual care and an employee assistance programs were available; however, the leadership recognized that staff does not always self-initiate this contact. Rather, the general state of mind is "It's all part of my job, I just need to carry on." Washington Health's program offers emotional support after an adverse event with the option to "opt out" if staff chooses. The key point is that peer support is offered each and every time.

**Intervention:** The health system created the "forYOU Team," which helps care for the needs of hospital workers who have become victimized or traumatized by an unanticipated experience. The hospital developed a system-wide approach, including education, policy development, support strategies, a confidential documentation process, and a robust team of front line peer supporters to serve as rapid responders to meet employees.



*forYOU Team members: Front Row Left to Right: Lynda Perreras, Care Partner; Dr. Sarah Scott-Dietz, Physician; Melinda Poland, RN*

*Second Row Left to Right: Frank Poskon, Administrative Nursing Supervisor; Yvonne Oberly, Certified Nurse Practitioner; Sherry Franks, Social Worker*

*Third Row Left to Right: Paula Thomas, Social Worker (Facility Lead); Regina Davin, Associate Nurse Executive; Heather Strope, Nurse Manager, Team Coordinator forYOU team*

*Fourth Row Left to Right: Beth Chelosky, Nursing Instructor; Scott Gilbert, Speech Pathologist; Karen Bray, Vice President of Patient Care Services*

*Fifth Row Left to Right: Pastor Gary Gibson, Hospital Chaplain; Alan McVicker, RN; Khristopher Wallace, Medical Technologist; Dr. Tom Pirosko, Physician*

# PENNSYLVANIA HOSPITAL STRATEGIES

## CARING FOR OUR CAREGIVERS

**Washington Health System, Washington, PA**

These encounters with rapid responders occur as close to the incident as possible. Employee assistance and spiritual care professionals also are an integral part of the team and are called upon as needed. Although all encounters remain confidential, data is collected to evaluate the effectiveness of the program.

**Results:** Although newly implemented during December 2019, the first months of the program yielded strong results, including increased referrals and peer support for dozens of employees.

In addition, there has been an amazingly strong organizational acceptance and appreciation for the value and powerful impact of this program on clinical staff. As one employee noted, “The forYOU Team is the best program this organization has ever implemented; I feel as if someone cares about me.”

**Program Contact:** Heather L. Strope, MSN, RN, Nurse Manager, team coordinator forYOU team, (724) 579-1671, [hstrope@whs.org](mailto:hstrope@whs.org)

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Caring for Our Caregivers



WASHINGTON HEALTH SYSTEM



# PENNSYLVANIA HOSPITAL STRATEGIES

## DX: BURNOUT—RX: “SEE ME NOW”

**Penn State Health, Hershey, PA**

**Challenge:** In 2018, an organizational survey at Penn State Health revealed that the Department of Emergency Medicine (DEM) physicians were suffering the highest level of “burnout” in the organization. The health system subsequently conducted a voluntary Maslach Burnout Inventory (MBI) that measures burnout through three scales: emotional exhaustion, depersonalization, and personal accomplishment. The findings showed the DEM providers had a higher level of emotional exhaustion and personal accomplishments than the general population of human services professionals, and a lower level of depersonalization compared to the same group.

**Intervention:** The “See Me Now” program was created to reduce DEM provider burnout by reconnecting providers with their patients, helping the physicians see the tangible impacts of their work through sharing patients’ stories. The program reminds providers of the meaning and purpose of their work, and allows patients to reconnect with the providers who played an indispensable role at a pivotal moment in their lives.

“See Me Now” events are tailored to preferences of both patient and provider. Sessions are held quarterly and providers can identify potential patients or patients can self-select to participate.



*See Me Now program creator and manager  
Linda C. Gangai, MSN, RN, CPHQ, CPPS*

While some events are a larger group of participants, e.g., three patients with family members and their care team, other events may be only the provider and patient. Some events have a theme, such as one dedicated to pediatric patients that included a craft for the patients and providers to create together.

# PENNSYLVANIA HOSPITAL STRATEGIES

## DX: BURNOUT–RX: “SEE ME NOW”

**Penn State Health, Hershey, PA**

Photographers are present to document the occasion. After the event, the Penn State Health team surveys providers, send photos and thank you notes to patients and staff, and evaluates the event using a Plan-Do-Study-Act (PDSA) tool for continuous quality improvement.

**Results:** Dozens of providers and families have participated in the events. According to post-event survey results, providers reported their top emotions are feeling proud, valued, and respected. In open-ended discussions with providers, they reported the event allowed them to find increased meaning and purpose in their work, and have appreciated the opportunity to connect with patients and families in a less stressful setting than the acute situation in the ED.

Patients and families attending events were happy to express their gratitude to their former caregivers, and said they felt grateful, appreciative, and had a sense of closure to what brought them to the ED. A comment from a family member speaks of the impact: “We are so grateful to be here tonight to, at the very least, express our gratitude face to face for what every single person in this room played a role in realizing.”

**Contact:** Linda C. Gangai, MSN, RN, CPHQ, CPPS; Program Manager, Quality/Patient Safety; Department of Emergency Medicine; Hershey Medical Center Penn State Health; (717) 531-0003, x287210; [lgangai@pennstatehealth.psu.edu](mailto:lgangai@pennstatehealth.psu.edu)



# RESOURCES

## LEADERSHIP CHECKLIST



- Consider incorporating training for the organization
  - Just Culture
  - Resiliency training
  - Staff training: What to expect during a pandemic related to stress and burnout
- Consider incorporating
  - Schwartz Center Rounds
  - Positive rounding
  - Safety rounding
  - Second victim support
- Develop a website for staff to access support resources for well-being and resiliency
- Recognition of staff and manager with validation of work struggles
- Investment in resources for psychological support services for staff
- Consider creating a small committee that can focus on promoting the health and well-being of staff
- Ascertain staff concerns prior to launching an implementation plan to align with actual needs/concerns
- Find avenues to promote, model, and encourage self-care to create a culture of wellness at work and at home
- Include staff well-being as an agenda item at meetings
- Provide clear, consistent, and frequent communications even if the communication is “We don’t know yet.” Include communications for how staff will be supported should they become exposed to COVID-19
- Provide avenues for anonymous reporting of colleague burnout and/or safety concerns
- Evaluate the frequency of staff movement to unfamiliar departments
- Make calls to quarantined employees
- What actions, strategies, policies, and procedures reinforce the statement: Staff are the most important asset in the organization

# RESOURCES

## UNIT-BASED CHECKLIST



- Utilize emails, posters, stall talk (posting health/wellness information in staff lounges and/or bathroom stalls) and the Staff Supporting Staff poster developed by HAP to promote partnership based self-care (<https://www.haponline.org/Resource-Center?resourceid=376>)
- De-stigmatize behavior/mental health by sharing information about health care workers experiencing stress and/or burn out at higher rates than the public (See reference section)
- Share/post inspirational messaging
- Celebrate success as a group
- Post information regarding resources for staff that need help such as the EAP, internal sources such as clergy, community based behavioral health
- Sharing stories/extraordinary moments that are uplifting
- Create mentorship for new nurses (the most vulnerable for leaving the profession during the first year of employment)
- Encourage staff to find small moments to engage in positive psychology at home or at work when:
  - Washing hands
  - Waiting for the elevator
  - In the elevator
  - Taking the stairs
  - Brushing teeth
  - Using the restroom
  - In the parking lot
  - With a first sip of tea/coffee
- Post a list of, or have a library of books for staff to share about health care work and resiliency and inspirational clinician and patient stories. The hospital library may be a resource if available
- Have a defusing brief after a difficult case, allowing staff to process loss
- Use a white board for staff, managers, and leadership to post positive messages such as: What did I learn today, what am I grateful for, I am hopeful because, what can I do, work acceptable humor/quotes/ cartoons, how am I coping/adapting, patients who have recovered (HIPAA compliant)
- Ensure staff are: Taking breaks to eat and rest, physically and mentally, staying hydrated, connecting with coworkers, respectful of each other

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

**Leading Through Crisis: A Resource Compendium for Nurse Leaders**—Eight brief exercises for practical insights and effective strategies for coping, staying centered, building resilience, and leading with integrity amidst challenging circumstances. CE credit available <https://www.aonl.org/resources/leading-through-crisis>

**American Medical Association (AMA) Burnout and Well-Being Learning Modules**—A collection of 12 modules from STEPSforward™, offering strategies on how to engage health system leadership, understanding physician burnout and how to address it, as well as developing a culture that supports physician well-being. CMEs available <https://edhub.ama-assn.org/steps-forward/pages/professional-well-being>

**American Hospital Association COVID-19: Stress and Coping Resources**—These curated tools and resources can help health care workers address their mental well-being as they fight the virus. <https://www.aha.org/behavioralhealth/covid-19-stress-and-coping-resources>

**American Hospital Association Caring for Our Health Care Heroes During COVID-19**—Four page PDF document that provides hospitals with ways to support the mental health needs of health care workers. <https://www.aha.org/system/files/media/file/2020/05/caring-for-health-care-heros-during-covid-19.pdf>

**American Medical Association-Managing Mental Health during COVID-19**—The strategies and resources offered to help to manage your own mental well-being while also caring for patients during the pandemic or any other crisis. <https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19>

**Taking Action against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies of Sciences, Engineering, and Medicine. 2019**—A resources page that examines the scientific evidence regarding causes of clinician burnout as well as consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. <https://nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/>

**WELL-BEING PLAYBOOK: A Guide for Hospital and Health System Leaders May 2019.** <https://www.aha.org/system/files/media/file/2019/05/plf-well-being-playbook.pdf>

**WELL-BEING PLAYBOOK 2.0: A COVID-19 Resource for Hospital and Health System Leaders.** <https://www.aha.org/physicians/well-playbook>

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

**National Academy of Medicine**—Action Collaborative on Clinician Well-Being and Resilience provides resources to support the health and well-being of clinicians during the COVID-19 outbreak. <https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19>

**Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic**—This guide, which builds on the Institute for Healthcare Improvement Framework for Improving Joy in Work, includes actionable ideas that leaders can quickly test during the coronavirus response, and which can build the longer-term foundation to sustain joy in work for the health care workforce.

<http://www.ihi.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>

**American Psychiatric Association Center for Workplace Mental Health**—The center is developing and collecting an array of resources addressing mental health and well-being for both during and beyond the COVID-19 pandemic. <http://workplacementalhealth.org/News-Events/COVID-19-Mental-Health-and-Well-Being>

**National Center for PTSD** (U.S. Department of Veterans Affairs)—A four page document that identifies stressors related to COVID and ways to manage it.

<https://www.ptsd.va.gov/covid/COVID19ManagingStressHCW032020.pdf>

**Healthy, Resilient, and Sustainable Communities after Disasters; Strategies, Opportunities, and Planning for Recovery**—Provided by the National Center for Biotechnology Information. It examines the linkages among behavioral health, resilience, and healthy communities; activities that mitigate adverse behavioral health effects in survivors; gaps in the current system for addressing disaster-related behavioral health needs; and opportunities for strengthening the behavioral health sector and integrating it with other health care sectors. <https://www.ncbi.nlm.nih.gov/books/NBK316541/>

**Duke Center for Healthcare Safety and Quality**—Information and resources on burnout and resilience, including a list of publications under the Research tab.

<https://www.hsq.dukehealth.org/>

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

### VIDEOS

**Stanford Medicine-WellMD & WellPhD**—Extensive website with resources, research, knowledge hub, and a toolkit for organizations resources. <https://wellmd.stanford.edu/>

**Three Good Things**—Presentation by Dr. J. Bryan Sexton, Director for the Duke Center for Healthcare Quality and Safety, Associate Professor, Duke University. An expert in safety culture, teamwork, and workforce resilience, he provides perspective, hope, and simple strategies to use during tense times. [https://www.youtube.com/watch?v=hZ4aT\\_RVHCs](https://www.youtube.com/watch?v=hZ4aT_RVHCs)

**Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being Report Release Event**—Released on October 23, 2019, the new National Academy of Medicine report event included an overview of the report and discussion of the report's findings, recommendations, and key messages. <https://nam.edu/event/taking-action-against-clinician-burnout-a-systems-approach-to-professional-well-being-report-release-event/>

**Care for the Cargivers: Peers Supporting Colleagues in Need**—On February 19, 2020, Dr. Nick Mickas, medical director—clinical operations, and Deborah Austin manager, patient engagement, both of John Muir Health in Northern California, conducted a webinar called “Care for the Caregiver: Peers Supporting Colleagues in Need.” This webinar had a record number of registrants, which speaks volumes when it comes to interest in this often-overlooked area of “taking care of our own kind.”

<https://register.gotowebinar.com/recording/24340293930691084> and enter name and email to be taken to the recording.

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

### ASSESSMENT TOOLS

**National Academy of Medicine**—This link offers a summary of seven established tools to measure work-related dimensions of well-being.

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

**NIOSH Worker Well-Being Questionnaire (WellBQ)**—This questionnaire provides an integrated assessment of worker well-being across multiple spheres, including individuals' quality of working life, circumstances outside of work, and physical and mental health status. The questionnaire measures "worker" well-being as a holistic construct rather than simply "workplace" or "work-related" well-being. <https://www.cdc.gov/niosh/docs/2021-110/>

**Well-Being Index**—Accurately measure and track six dimensions of distress and well-being with the validated nine-question assessment invented by Mayo Clinic.  
<https://www.medeweb.com/well-being-index>

### WEBINARS

**IHI Caring for the Caregiver series-Virtual Learning Hours Special Series**—The COVID-19 pandemic has resulted in an unprecedented “second wave” of mental health and well-being concerns, especially for caregivers on the front lines. This free Caring for Caregivers IHI Virtual Learning Hour special series, presented in partnership with Well Being Trust, features topics related to the prevention, prediction, and mitigation of poor caregiver mental health and well-being, and is guided by experts in the field.

<http://www.ihi.org/education/WebTraining/Webinars/Pages/caring-for-caregivers.aspx>

The previously recorded virtual learning hours for the following can be accessed at the link above:

- Fostering Connection and Co-Creation
- Psychological Personal Protection Equipment (PPE)
- Peer Support: Fostering Connection and Destigmatizing Mental Health for Caregivers
- Transforming Moral Distress into Moral Resilience
- COVID-19: Grief Leadership and System Supports
- COVID-19: Caregiver Mental Health and Well-Being
- Understanding and Addressing Sources of Caregiver Anxiety

**Jefferson Digital Commons**—COVID-19: Spread the science, not the virus seminar series: Well-being of the Healthcare Workforce. <https://jdc.jefferson.edu/covid-19-ssnv/16/>

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

### MENTAL HEALTH AND PSYCHOLOGICAL FIRST AID TRAINING

**Mental Health First Aid USA**—A course that teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training provides the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or crisis. Individual courses and instructor courses available. <https://www.mentalhealthfirstaid.org/>

**Psychological First Aid: Supporting Yourself and Others During COVID-19**—This online course offered by The American Red Cross will help you to build resilience and support yourself and others through this crisis by reviewing basic principles of providing psychological first aid, including how to recognize and manage stress in yourself and in others and how to lend support to family members, friends, and coworkers during and following the COVID-19 outbreak. <https://www.redcross.org/take-a-class/classes/psychological-first-aid%3A-supporting-yourself-and-others-during-covid-19/a6R3o0000014Zlg.html>

**Caring for the Caregiver: Implementing RISE (Resilience in Stressful Events)**—A training program that teaches you how to set up a peer-to-peer support program in your hospital and how to teach a multi-disciplinary team of hospital volunteers how to respond and support a team member involved in an unanticipated patient event, stressful situation, or patient-related injury. Led by Johns Hopkins peer-support experts, this two-day workshop trains the trainers who want to implement this peer-to-peer support program at their facility. <https://www.johnshopkinsolutions.com/solution/rise-peer-support-for-caregivers-in-distress/#:~:text=Caring%20for%20the%20Caregiver%3A%20Implementing,member%20involved%20in%20an%20unanticipated>

# RESOURCES

## COMPENDIUM OF AVAILABLE RESOURCES

### APPS FOR STRESS MANAGEMENT AND RESILIENCY

**USF Weill Institute for Neurosciences**—Provides useful wellness and mental health apps. The link contains an extensive list of apps for meditation, relaxation, insomnia, and coping with stress and anxiety, including COVID-specific apps.

<https://psychiatry.ucsf.edu/copingresources/apps> Last accessed: 10/5/2021

**ONE MIND PsyberGuide**—Apps and digital health resources reviewed by experts.

<https://onemindpsyberguide.org/>

### HOTLINES

#### **Disaster Distress Helpline (SAMHSA)**

Call (800) 985-5990 or text TalkWithUs to 66746

#### **National Suicide Prevention Lifeline**

Call (800) 273-8255 or Chat with lifeline at <https://suicidepreventionlifeline.org/>

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

#### **Crisis Textline**

Text TALK to 741741 or <https://www.crisistextline.org/>

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# APPENDICES

## APPENDIX A: DEFINITIONS

**Stress** is a reaction to a situation where a person feels threatened or anxious. Stress can be positive (e.g. preparing for a wedding) or negative (e.g. dealing with a natural disaster). During COVID-19, there are many reported stressors from health care workers. Becoming infected and spreading the virus to loved ones, living away from family to protect them, being quarantined and unable to report to work and support coworkers, fear of moving into crisis standards of care, and personal protective equipment (PPE) supply are just a few.

<https://www.cdc.gov/violenceprevention/suicide/copingwith-stresstips.html>

**Resilience** is the psychological capacity to adapt to stressful circumstances and to bounce back from adverse events. Eight key elements include: (1) pursuing a meaningful goal, (2) challenging assumptions, (3) cognitive flexibility, (4) growth through suffering, (5) acting despite the fear, (6) emotional regulation, (7) feeling of agency, (8) social support.

<https://www.psychologytoday.com/us/blog/science-choice/202005/the-8-key-elements-resilience>

**Organizational resilience** is a system's ability to continue to meet its objectives in the face of challenges. Resilience is both a function of the planning for and preparing for, future crisis (planned resilience), and adapting to chronic stresses and acute shocks (adaptive resilience).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6015506/> (Barasa, Mbau, Gilson, June 2018)

Last accessed: 10/5/2021

**Psychological safety** is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes (Amy Edmondson).

**Meditation** is training your attention to achieve a mental state of calm concentration and positive emotions. <https://www.apa.org/topics/mindfulness-meditation#:~:text=Meditation%20can%20be%20defined%20in,calm%20concentration%20and%20positive%20emotions.&text=The%20attention%20piece%20is%20about,happening%20in%20the%20present%20moment>

**Mindfulness** a meditation technique that has two parts: attention (focusing on the present) and acceptance (observe without judgment). <https://www.apa.org/topics/mindfulness-meditation#:~:text=Meditation%20can%20be%20defined%20in,calm%20concentration%20and%20positive%20emotions.&text=The%20attention%20piece%20is%20about,happening%20in%20the%20present%20moment>

**Burnout** is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment (AHRQ).

<https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html> Last accessed: 10/5/2021

# APPENDICES

## APPENDIX A: DEFINITIONS

**Acute stress reaction/disorder** is a trauma- and stressor-related disorder with onset three days to one month after a traumatic event (direct exposure or indirectly experienced), characterized by intrusive memories, avoidance of associated stimuli, and changes in mood and arousal that impair daily functioning. (Hopkins Psychiatry Guide)

[https://www.hopkinsguides.com/hopkins/vie w/Johns\\_Hopkins\\_Psychiatry\\_Guide/78706 7/all/Acute\\_Stress\\_Disorder](https://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_Psychiatry_Guide/787067/all/Acute_Stress_Disorder) Last accessed: 10/5/2021

**Post traumatic growth** occurs when people in the aftermath of trauma engage in a deliberate cognitive restructuring of reality, by changing their life narrative to include a better understanding of the self, the others, and the world. (Tedeschi and Calhoun, 1996)

**Moral injury** is damage done to the consciousness when witnessing something that violates an individual's moral compass and values. Potential COVID-19 causes of moral distress:

- Inability to provide the highest level of care due to lack of resources
- Witnessing illness or death in colleagues that did not have personal protective equipment (PPE)
- Witnessing patients dying without family at the bedside
- Impaired communication with patients due to PPE
- Treating multiple patients
- Acute or chronic stress that can progress to post traumatic stress disorder

**Second victim** is a health care provider who is involved with a patient-related adverse event or medical error, and as a result, experiences emotional and sometimes physical distress.

**"This research on work conditions, clinician reactions (including satisfaction and burnout), and patient outcomes over the past 15 years has allowed us to make concrete recommendations to health systems on how to build healthier workplaces for providers and patients."**

Mark Linzer, M.D.  
Hennepin County Medical Center,  
Minneapolis, MN  
<https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html>

**Compassion fatigue** has been described as the "cost of caring" for others in emotional and physical pain. (Figley, 1995) It is characterized by deep physical and emotional exhaustion and a pronounced change in the helper's ability to feel empathy for patients, loved ones, and co-workers.

# APPENDICES

## APPENDIX B: THE ROLE OF THE CHIEF WELLNESS OFFICER

This appendix provides a sample of the learning modules offered by the American Medical Association that focuses on the Chief Wellness Officer (CWO) role. The learning modules offer continuing medical education credits. Additional perspectives and articles related to the CWO are included as well. Please find the links below with a brief description.

### American Medical Association STEPSforward™

- **Establishing a Chief Wellness Officer Position**—This learning module provides an extensive resource with learning objectives, an introduction with eight steps for establishing a CWO position with question and answer segments, sample job description, and talking points for engaging leadership. Forty-one references are provided. <https://edhub.ama-assn.org/steps-forward/module/2767739>
- **Chief Wellness Officer Road Map—Implement a Leadership Strategy for Professional Well-Being**—This module defines nine steps for leading change as a new chief wellness officer and addresses effective strategies for change. The module offers links to further reading. <https://edhub.ama-assn.org/steps-forward/module/2767764>

### American Association for Physician Leadership

- **Chief Wellness Officer: New Opportunity, Necessary Role. (2019)**—Arthur Lazarus, MD, MBA, CPE, FAAPL, discusses the broad brush of an unwell physician workforce, including the impact on patient satisfaction, productivity, quality, and malpractice litigation. Dr. Lazarus sites recently appointed chief wellness officers (CWO) at Standford, Johns Hopkins, and other well-known institutions to manage burnout. The responsibility and challenges for a CWO are outlined and the benefits for creating the role.  
<https://www.physicianleaders.org/news/chief-wellness-officer-necessary#:~:text=They%20are%20responsible%20for%20evaluating,ands%20supporting%20staff%20well%2Dbeing>

### Mayo Clinic—Executive Leadership and Physician Well-Being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. (2017)

[https://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)

### Making the Case for the Chief Wellness Officer in America's Health Systems: A Call To Action (October 2018) <https://www.healthaffairs.org/do/10.1377/hblog20181025.308059/full/>



[www.haponline.org](http://www.haponline.org)