

KNN DISCUSSION SERIES

# Foundations for Flourishing

Flourishing in Medicine



**KERN NATIONAL NETWORK**  
FOR FLOURISHING IN MEDICINE  
*Character. Caring. Practical Wisdom.*

# A Growing Movement Toward Flourishing in Medicine

The Kern National Network for Flourishing in Medicine is a movement focused on integrating a **framework** of four foundational elements within the profession of medicine to ignite positive culture change:

*Character.*

*Caring.*

*Practical Wisdom.*

*Flourishing.*



# A Growing Movement Toward Flourishing in Medicine

We advance this work by **connecting** and **convening** stakeholders across the health ecosystem, **catalyzing** transformative initiatives and **influencing** policy and systems change.

## KNN Theory of Change





## Why a Framework for Flourishing?

## **Flourishing as Defined in KNN Framework**

“Flourishing refers to a wholeness—of being and doing, of realizing one’s potential and helping others do the same.<sup>1</sup> It can be measured across domains of happiness, life satisfaction, physical and mental health, meaning and relationships, and it is most commonly achieved through pathways of family, work, education and spiritual community.<sup>2</sup>”

1. Su, F (2020)

2. VanderWeele, TJ (2017)



# The KNN's North Star: A Framework for Flourishing

## Practical Wisdom

Using acquired experience to discern the right way to do the right thing in a particular circumstance, with a particular person, at a particular time.<sup>2</sup>

## Character

A constellation of characteristics—moral, civic, intellectual and performance—formed over time and manifest in dispositions and practices.<sup>3</sup>

## Flourishing

Flourishing refers to a wholeness—of being and doing, of realizing one's potential and helping others do the same. It can be measured across the domains of happiness, life satisfaction, physical and mental health, meaning and relationships, and it is most commonly achieved through pathways of family, work, education and spiritual community.<sup>1</sup>

## Individuals

Medical and Other Health Professions Education

Health Systems and Other Practice Environments

## Society

## Caring

A blend of practices, dispositions and motivations—attentiveness, responsibility, competency, responsiveness and engagement/citizenship—all aimed at ensuring that individuals and populations grow, develop and flourish as best they can.<sup>4</sup>





**Think about a time you observed or experienced flourishing:**



**What does flourishing look or feel like to you?**



**What is something that symbolizes flourishing to you?**

# Today's Speakers



**Tyler J. VanderWeele, PhD**  
Harvard University

John L. Loeb and Frances Lehman Loeb Professor of Epidemiology in the Departments of Epidemiology and Biostatistics at the Harvard T.H. Chan School of Public Health, and Director of the Human Flourishing Program and Co-Director of the Initiative on Health, Spirituality, and Religion



**Matthew T. Lee, PhD**  
Baylor University

Professor of the Social Sciences and Humanities at the Institute for Studies of Religion at Baylor University, Research Associate and Founding Director of the Flourishing Network at the Human Flourishing Program in the Institute for Quantitative Social Science at Harvard University, and Distinguished Visiting Scholar of Health, Flourishing, and Positive Psychology at Stony Brook University's Center for Medical Humanities, Compassionate Care, and Bioethics



**William G. Pearson, Jr., PhD**  
Auburn University

Discipline Chair and Associate Professor of Anatomy at the Edward Via College of Osteopathic Medicine at Auburn University



# What is Flourishing?

KNN's Foundations for  
Flourishing Series  
May 6, 2024

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Matthew T. Lee, Ph.D.  
*Professor of the Social  
Sciences and Humanities*



The Human Flourishing Program  
*at Harvard University*



Baylor University®

INSTITUTE FOR STUDIES OF RELIGION



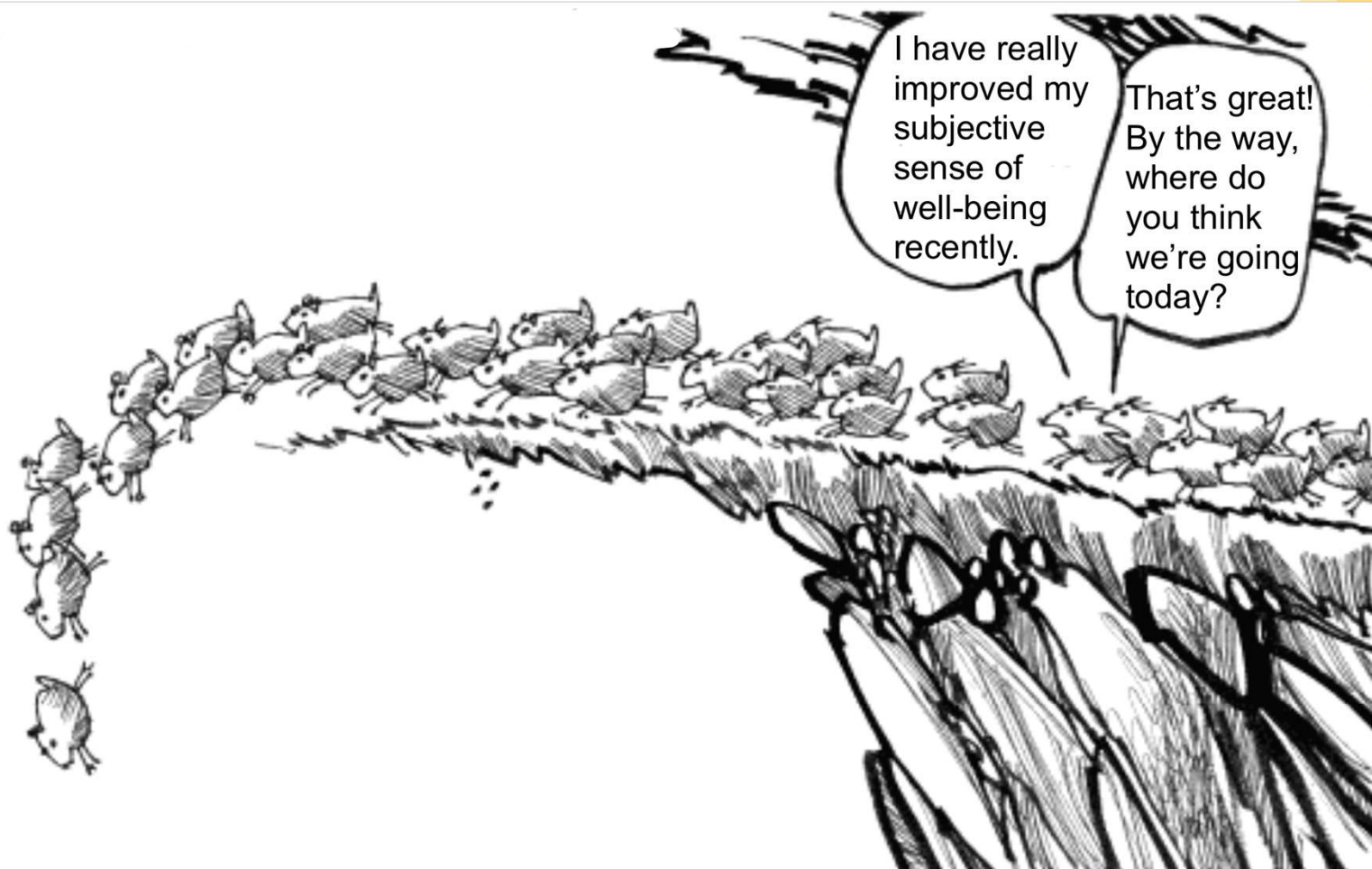
## How Do We Flourish?

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- “Would you just take, along with me, one minute to think of all the people who have loved you into being? One minute; I’ll watch the time.” --Mr. Rogers, 2019, *A Beautiful Day in the Neighborhood*

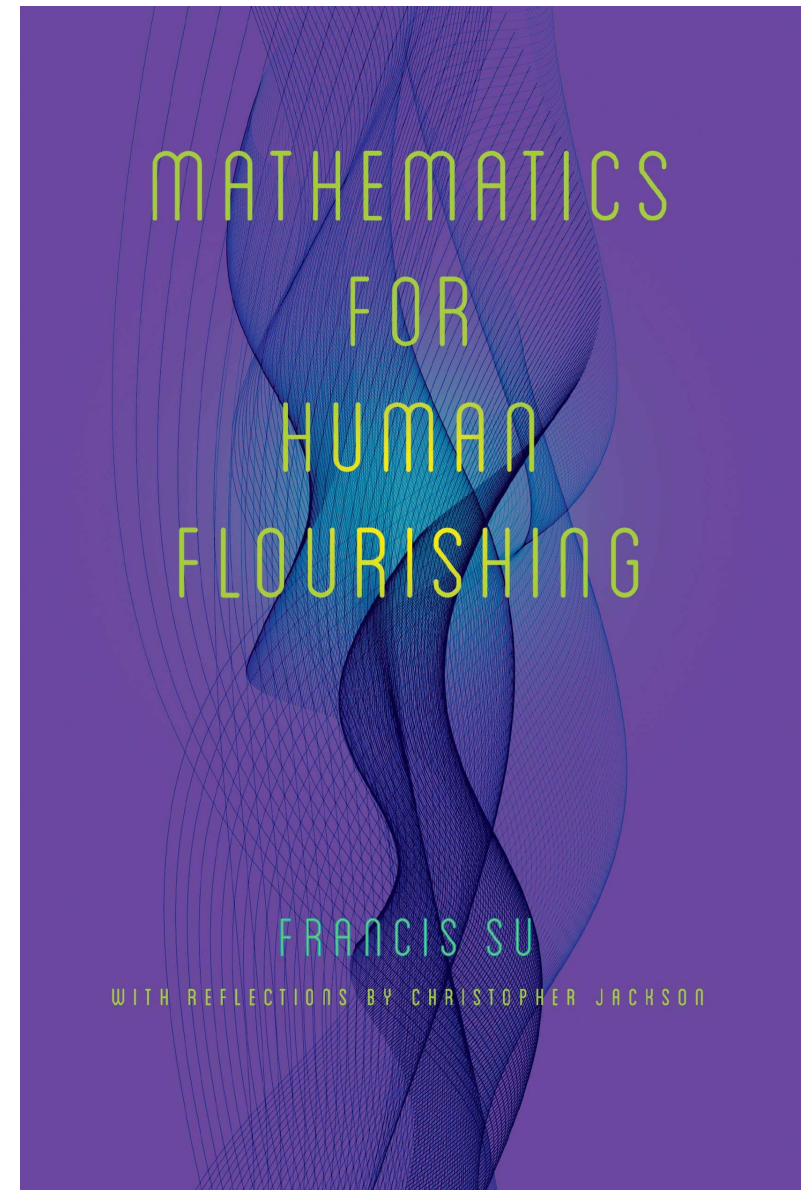
Image credit: T

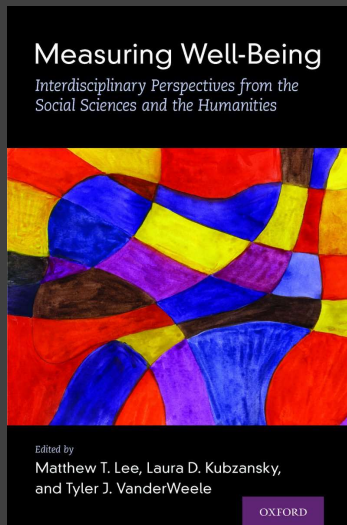




# Flourishing is Not an Add-On, It is the Telos

- “Human flourishing refers to wholeness”:
  - “of being and doing... of realizing one’s potential and helping others do the same... of acting with honor and treating others with dignity”
  - “of living with integrity **even in challenging circumstances**”
- “Flourishing comes through the exercise of virtue.”
  - Virtue refers to “excellence of character that leads to excellence of conduct.”
- “The proper practice of mathematics cultivates virtues that help people flourish.” (The final chapter is on love!)
- If math has this aim, why not all human endeavors?





Flourishing  
Network



# The Global Flourishing Study



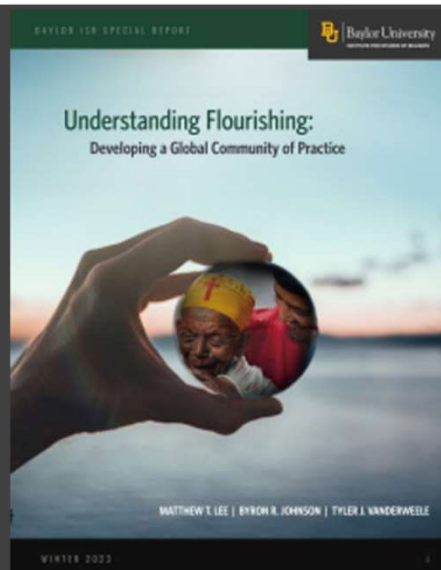
Baylor University



GALLUP



## Assessing Flourishing: A Dialogue and a Journey in a Growing Community

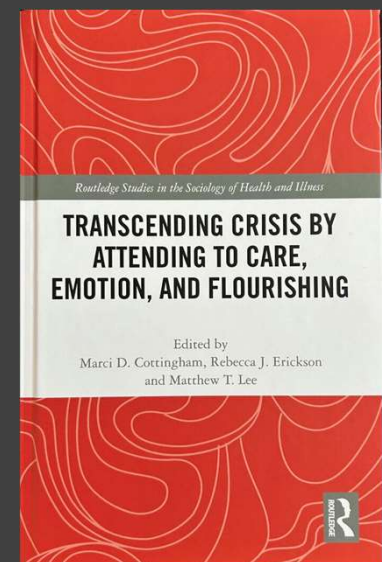


Brought to you by The Human Flourishing Program at  
Harvard University's Institute for Quantitative Social Science.

### The Flourishing App

The App that helps you with

- Happiness and Life Satisfaction
- Meaning and Purpose
- Financial and Material Stability
- Mental and Physical Health
- Close Social Relationships
- Character and Virtue





# The Global Flourishing Goals

(<https://projects.iq.harvard.edu/fnr>)

- We propose “that policymakers adopt and enable the pursuit by individuals and communities of **at least** five sets of goals which may be called the “Global Flourishing Goals”: (i) Life satisfaction, including through a comfortable standard of living; (ii) Holistic health and well-being; (iii) Fulfilling social relationships; (iv) Meaning and purpose; and (iv) Contributing to the flourishing of all lifeforms (including plants and animals).”
- “Flourishing describes the dynamic state of progress towards these five sets of goals and the capacity to sustainably **regenerate** the means to achieve the goals.”

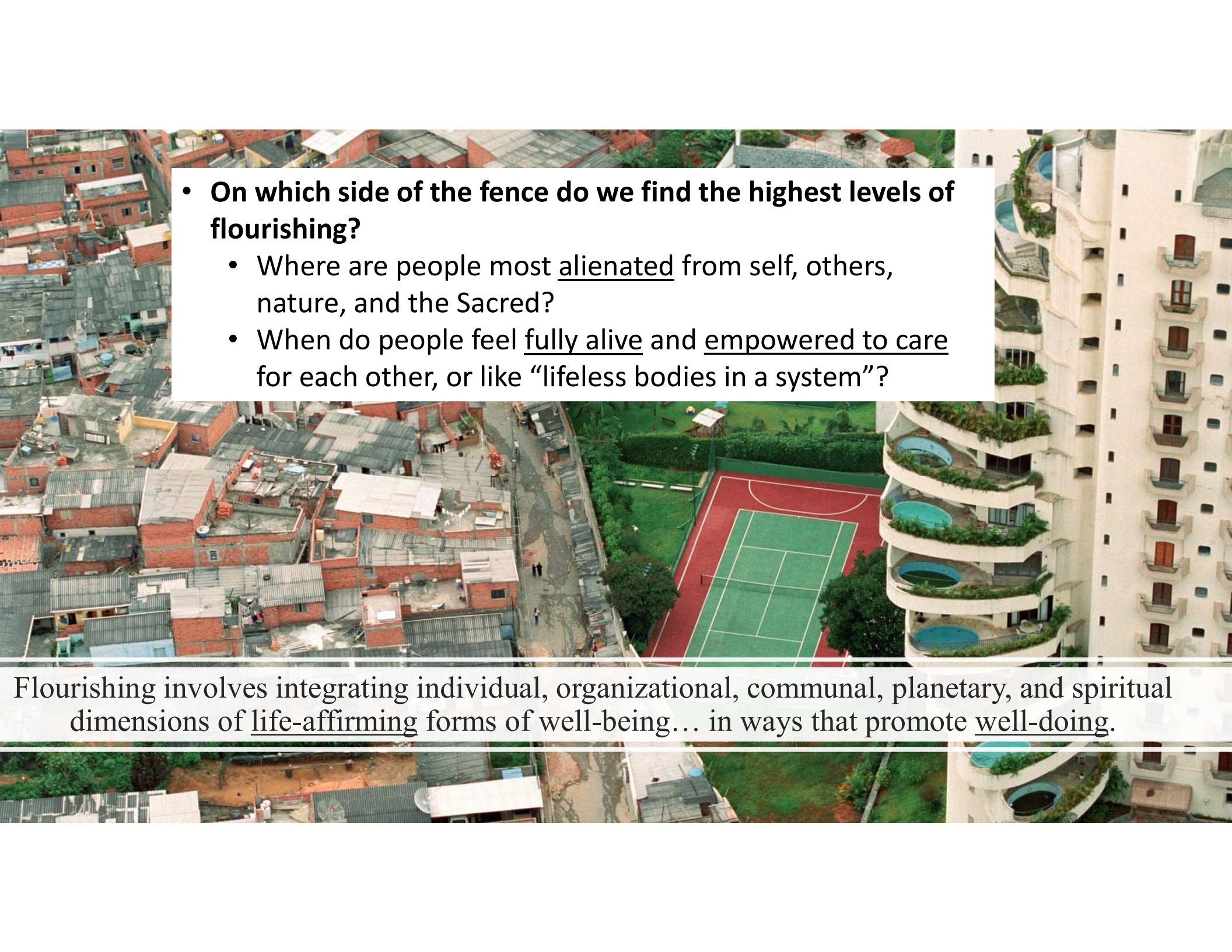


# Individual and Community Flourishing (Sample Survey Items)

- **Meaning:** Overall, to what extent do you feel the things you do in your life are worthwhile?
- **Character:** I always act to promote good in all circumstances, even in difficult and challenging situations.
- **Relationships:** My relationships are as satisfying as I would want them to be.
- **Financial and Material Stability:** How often do you worry about safety, food, or housing?
- **Vision:** Those in leadership are able to inspire the community with their vision.
- **Trust:** Everyone within the community trusts one another.
- **Contribution:** Our community contributes to the world to make it a better place.





- 
- On which side of the fence do we find the highest levels of flourishing?
    - Where are people most alienated from self, others, nature, and the Sacred?
    - When do people feel fully alive and empowered to care for each other, or like “lifeless bodies in a system”?

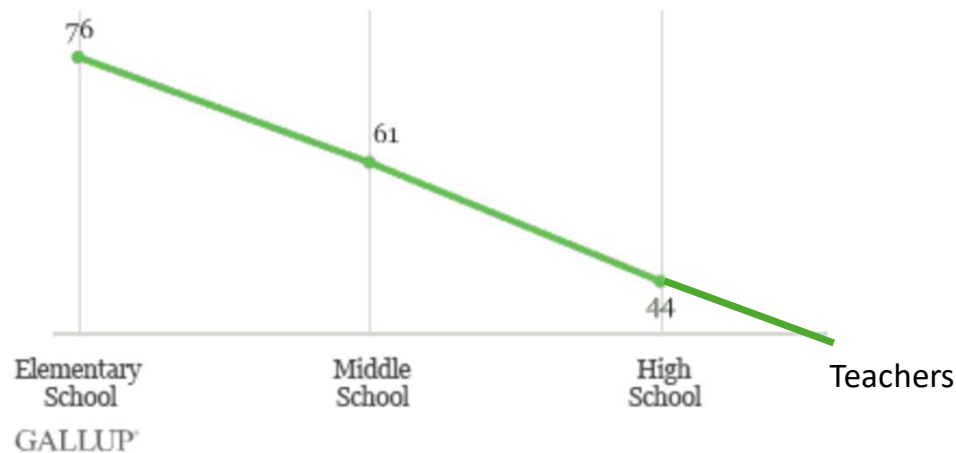
Flourishing involves integrating individual, organizational, communal, planetary, and spiritual dimensions of life-affirming forms of well-being... in ways that promote well-doing.

**“Every system is perfectly designed to get the results that it gets.”** –W. Edwards Deming (attributed)

*The School Cliff: Students' Engagement Drops Over Time*

The Gallup Student Poll

■ % Engaged



we get just as wounded from  
not having the opportunity to  
give the love that we feel in  
our hearts, to have that love  
valued and treasured, and to  
see our love make a difference.

**Lundy Bancroft**

*The Joyous Recovery: A New Approach to  
Emotional Healing and Wellness*

#kindlequotes





**“Every system is perfectly designed to get the results that it gets.” But outliers exist!**

## **Creating ‘Ecosystems of Sacred Hospitality’ for Flourishing in the Workplace**

–James Ritchie-Dunham (2023 World Agreements for Ecosystem-Wide Flourishing Report, Institute for Strategic Clarity)

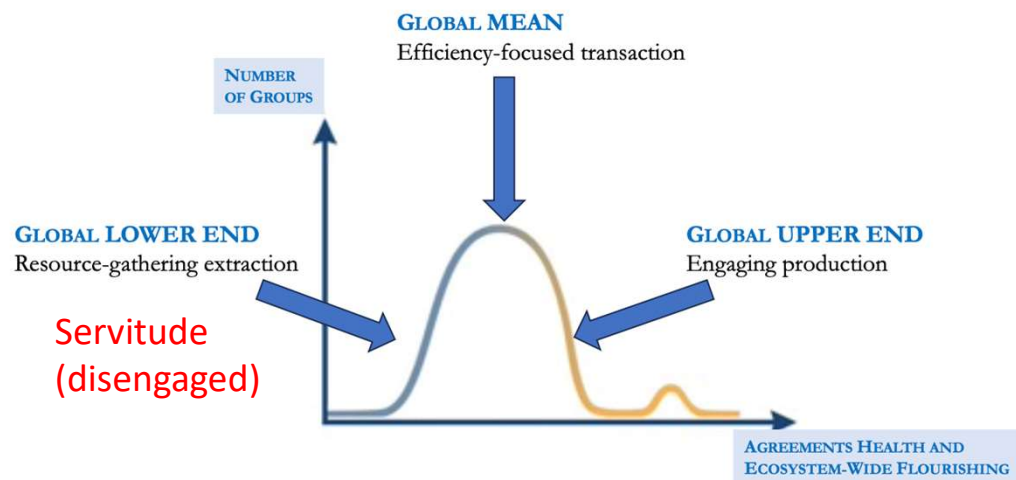


Figure 4: Global Mean, Lower and Upper Ends

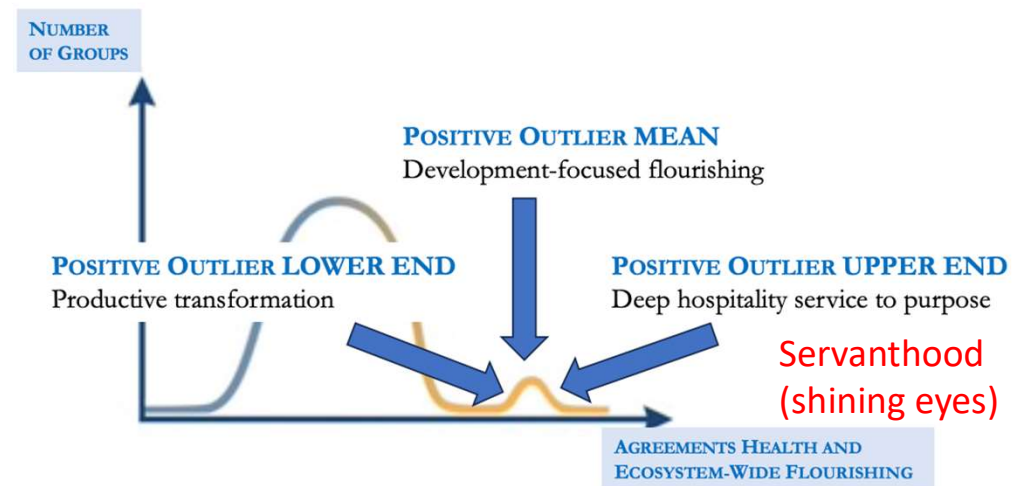


Figure 5: Positive Outlier Mean, Lower and Upper Ends



# Flourishing in Medicine

Tyler J. VanderWeele  
Departments of Epidemiology and Biostatistics  
Harvard T.H. Chan School of Public Health  
Human Flourishing Program, Harvard University

# Plan of Presentation

## Plan for Presentation:

- (1) Human Flourishing and Assessments
- (2) Clinical Implications
- (3) Data Examples
- (4) Conclusions on Flourishing and Medicine

- VanderWeele, T.J. (2017). On the promotion of human flourishing. Proceedings of the National Academy of Sciences, U.S.A., 31:8148-8156.
- VanderWeele, T.J., McNeely, E., and Koh, H.K. (2019). Reimagining health – flourishing. JAMA, 321(17):1667-1668.
- VanderWeele, T.J. (2024). The scope of flourishing in medicine and public health. Journal of Epidemiology and Community Health.
- Human Flourishing Program, Harvard University: <https://hfh.fas.harvard.edu>

# Flourishing

Working Definition:

**Flourishing (or complete human well-being): A state in which all aspects of a person's life are good**

This is arguably what we are after as individuals and should be seeking after as a society

# Domains of Flourishing

Whatever else might be included I would argue the following domains would be included as well (VanderWeele, 2017):

- (1) Happiness and life satisfaction
- (2) Physical and mental health
- (3) Meaning and purpose
- (4) Character and Virtue
- (5) Close social relationships

These things do not exhaust “flourishing” but are arguably a part of it

Each of these domains satisfies the following two criteria:

- Nearly universally desired
- An end in itself

These criteria might be useful on shaping consensus on what to measure

# Measurement of Flourishing

- For a short index, two questions chosen in each domain based on what is already regularly in use (for comparison) and has received some validation
  - cf. NRC, 2013; OECD, 2013; Diener, 1985; Lyubomirsky and Lepper, 1999; Steger et al., 2006; CEL, 2015; Prawitz et al., 2006
- Virtue questions were newly proposed based on philosophical and psychological literature on “cardinal virtues” (practical wisdom, justice, fortitude, moderation)
  - cf. Pieper, 1966; Petersen and Seligman, 2004



# Measurement of Flourishing

- **Life satisfaction** - How satisfied are you with life as a whole these days? (0-10)
- **Affective happiness** - In general, how happy or unhappy do you usually feel? (0-10)
- **Physical health** – In general, how would you rate your physical health? (0-10)
- **Mental health** - How would you rate your overall mental health? (0-10)
- **Worthwhile Activities** - Overall, to what extent do you feel the things you do in your life are worthwhile? (0-10)
- **Purpose in life** - I understand my purpose in life (0-10)
- **Seeking to do good** - I always act to promote good in all circumstances, even in difficult and challenging situations (0-10)
- **Delayed Gratification** - I am always able to give up some happiness now for greater happiness later (0-10)
- **Content with Relationships** - I am content with my friendships and relationships (0-10)
- **Satisfying relationships** - My relationships are as satisfying as I would like them to be (0-10)

# Measurement of Flourishing

Such measures could be considered separately by domain or used to measure composite flourishing at a given point in time (Average of 10 Questions = Flourishing Index 0-10); nothing more than a composite of the 5 more meaningful individual measures

For flourishing over time, financial and material resources should be such that the other dimensions can be sustained

Two Additional Questions (Financial and Material Stability):

- How often do you worry about being able to meet normal monthly living expenses? (0-10)
- How often do you worry about safety, food, or housing? (0-10)

Average of 12 Questions = Secure Flourishing Index (0-10)

- Less satisfactory conceptually (financial resources are means not ends)
- But perhaps more satisfactory in practice (flourishing over time)

See Węziak-Białowolska et al. (2019ab), Hölzge et al. (2022) for psychometrics

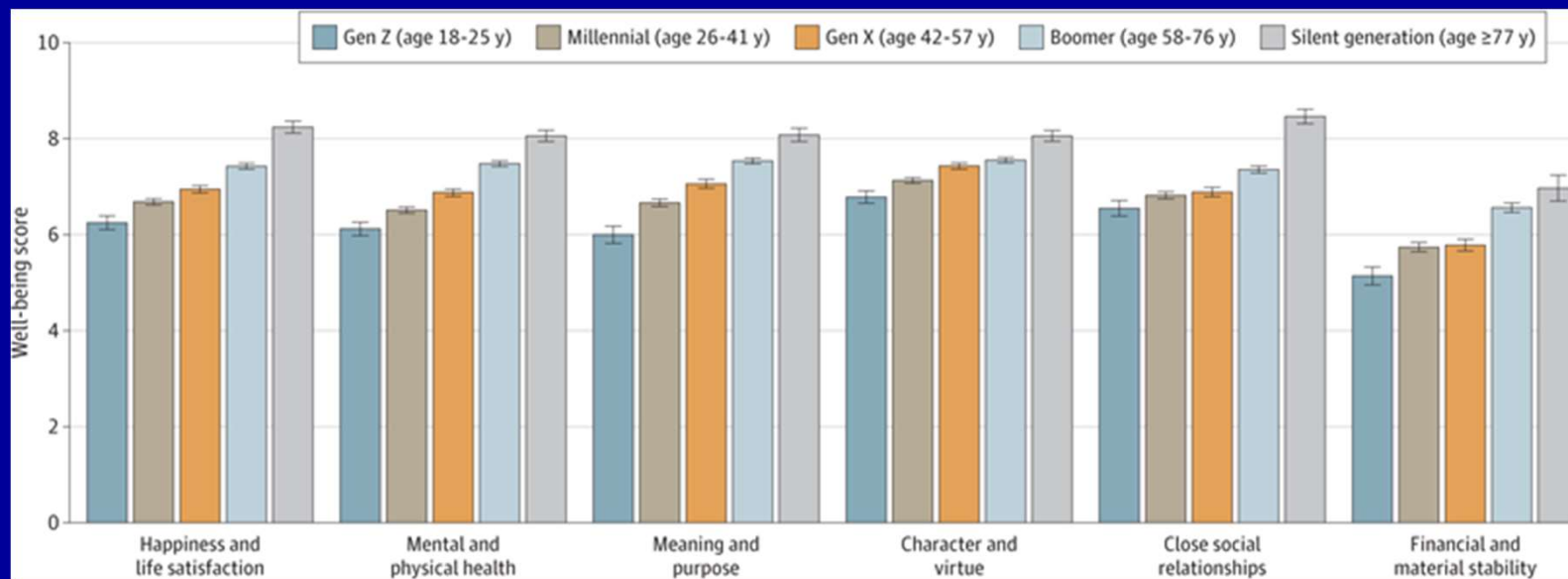
# Flourishing and COVID-19

	January 2020 (n = 1010)	June 2020 (n = 3020)
Domain	Mean (Std Dev)	Mean (Std Dev)
Happiness & Life Satisfaction	6.9 (2.1)	6.2 (2.3)
Mental & Physical Health	7.1 (2.0)	6.4 (2.2)
Meaning & Purpose	7.0 (2.2)	6.6 (2.4)
Character & Virtue	7.0 (1.8)	7.0 (2.0)
Close Social Relationships	6.9 (2.3)	6.7 (2.5)
Financial and Material Stability	5.7 (2.8)	4.8 (3.0)
Overall (Secure Flourishing Index)	6.8 (1.7)	6.3 (1.7)

From stratified online national sample using consumer panels, representative of the United States on geographic region, gender, generation/age, and race/ethnicity (and also educational attainment and religious self-identification through post-hoc weighting)

VanderWeele, T.J., Fulks, J., Plake, J.F., and Lee, M.T. (2021). National well-being measures before and during the COVID-19 pandemic in online samples. *Journal of General Internal Medicine*, 36:248–250. <sup>26</sup>

# Flourishing and Age



By January 2022 flourishing scores in the US had mostly recovered... on average  
But there is now a steep gradient with age.... contrary to earlier reports of a U-shaped curve

Chen, Y., Cowden, R.G., Fulks, J., Plake, J.K., and VanderWeele, T.J. (2022). National data on age gradients in wellbeing among U.S. adults. *JAMA Psychiatry*, 79(10):1046-1047.

# Global Flourishing Study with Gallup: 200,000 Individuals



22 Countries with Nationally Representative Sampling  
5 Years of Annual Panel Longitudinal Data Collection  
Representing Roughly Half of the World's Population  
<https://hfh.fas.harvard.edu/global-flourishing-study>



# Flourishing in Clinical Contexts

Flourishing questions are not as relevant for an annual physical exam  
But in treatment decisions, flourishing domains can come in conflict...

Cases:

- (1) Man with Bladder Cancer: A cystectomy will maximize life expectancy, but could severely hamper quality of life and happiness
- (2) Scientist with Psychotic Symptoms: Antipsychotic medications suppress these, but substantially impede his capacity for his work
- (3) Woman with Positive BRCA Test: removal of ovaries would protect her against breast and ovarian cancer but make her infertile, compromising social well-being, purpose, and happiness
- (4) Celebrity Chef with Tongue Cancer: Removal of tongue maximizes survival, but affects social relationships, and ends work and career

In each case, health comes into some conflict with some other end  
Inquiring about what a patient considers important across these domains of flourishing will be critical in evaluating the appropriate course of action.

# Flourishing in Clinical Contexts

Additionally, measurement of flourishing outcomes would allow:

- Evidence-Based Research: To begin to evaluate the effects of different treatment decisions, not only on physical health, but on other aspects of a person's life (secondary outcomes in RCTs?)
- Evaluation of Care: Medium- to long-term assessments of flourishing may be a more satisfactory way to evaluate care than shorter-term patient satisfaction surveys, which sometimes more reflect whether the patient was given what they wanted (Jerant et al., JAMA IM 2018) rather than long-term well-being
- “Positive Psychiatry”: Allow for greater efforts to promote positive well-being in psychiatry (Jeste et al., J Clin Psych 2015) and potentially address questions of relationships, purpose and character which can be the sources of mental illness

# Flourishing and Physical Health

Moreover, aspects of flourishing affect physical health  
Evidence from meta-analyses of longitudinal studies that...

- Purpose in life reduces mortality risk  
(RR=0.83; CI=0.75-0.91) (Cohen et al., 2016)
- Life satisfaction reduces mortality risk  
(RR=0.88; CI=0.83,0.94) (Martín-María et al., 2017)
- Loneliness and social isolation increase mortality risk  
(RR=1.29; CI=1.06-1.56) (Holt-Lunstad et al., 2015)

# Flourishing in Denmark and Clinical Conditions

Large representative survey in Denmark, linked to medical registries

	Mean (Standard Deviation)			
	Denmark	Cancer Patients	COPD Patients	Cardiac Arrest
Domain	<u>N=24,938</u>	<u>N=6,694</u>	<u>N=1,111</u>	<u>N=809</u>
Happiness & Life Satisfaction	7.3 (1.9)	7.2 (1.9)	6.2 (2.3)	7.4 (1.9)
Mental & Physical Health	7.2 (1.9)	6.9 (1.9)	5.5 (2.2)	6.9 (2.0)
Meaning & Purpose	7.3 (2.1)	7.3 (1.9)	6.3 (2.3)	7.3 (2.0)
Character Strengths	7.2 (1.8)	7.1 (1.8)	6.4 (2.1)	7.2 (1.9)
Close Social Relationships	7.4 (2.1)	7.6 (2.0)	6.8 (2.4)	7.5 (2.1)
Financial and Material Stability	7.8 (2.7)	8.2 (2.5)	7.6 (2.7)	8.1 (2.5)
Overall (Secure Flourishing Index)	7.4 (1.6)	7.4 (1.5)	6.5 (1.8)	7.4 (1.6)

- Cancer and cardiac arrest patients are not all that dissimilar to the general Danish population in flourishing
- For close social relationships, self-reported scores were even higher
- COPD patients much lower, especially with happiness, health and meaning

# Flourishing of Residents (Kelly-Hedrick et al., 2020), N=92

Item	Domain	Mean (SD)
Overall, how satisfied are you with life as a whole these days?	Happiness and life satisfaction	6.5 (2.1)
In general, how happy or unhappy do you usually feel?	Happiness and life satisfaction	6.3 (1.9)
In general, how would you rate your physical health?	Mental and physical health	5.4 (2.4)
How would you rate your overall mental health?	Mental and physical health	6.2 (2.1)
Overall, to what extent do you feel the things you do in your life are worthwhile?	Meaning and purpose	7.6 (2.1)
I understand my purpose in life.	Meaning and purpose	7.2 (2.5)
I always act to promote good in all circumstances, even in difficult and challenging situations.	Character and virtue	7.6 (1.8)
I am always able to give up some happiness now for greater happiness later.	Character and virtue	7.4 (2.2)
I am content with my friendships and relationships.	Close social relationships	7.1 (2.4)
My relationships are as satisfying as I would want them to be.	Close social relationships	6.7 (2.6)
Flourish Index		6.8 (1.6)
How often do you worry about being able to meet normal monthly living expenses?	Financial and material stability	6.7 (3.1)
How often do you worry about safety, food, or housing?	Financial and material stability	7.9 (2.9)
Secure Flourish Index		6.9 (1.6)

# Clinician Burnout

Flourishing questions might also be asked of clinicians

- Among medical residents (Kelly-Hedrick et al., 2020) the lowest scores among the flourishing domains were physical and mental health
- Physician burn-out rates are high, but vary considerably across settings (Rotenstein et al., JAMA 2018)
- Attention given to other aspects of the clinician's life, to their flourishing, both by clinicians themselves and by medical centers may help address this important problem in medicine (Thomas et al., JAMA 2018)
- Finding meaning, and having a sense of control and optimism may themselves be important protective factors against burnout (Harolds, 2019)

# Health of Body vs. Health of Person

What is the role of the clinician?

World Health Organization (1948) Definition of Health: “A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

This is arguably a definition of “health of the person”, of flourishing  
We might contrast this with a more narrow “health of the body”

- Clinicians’ role is arguably not to optimize all aspects of flourishing in a person’s life
- The clinician is not principally priest, nor life coach, nor marital counselor

Proposition for Discussion (VanderWeele, JAMA 2019 Letter Response):  
The role of the clinician is to promote the health of the body and those <sup>35</sup> aspects of flourishing affected by decisions concerning the health of the body



## What Might be Done?

- ❖ Flourishing assessments for clinicians
- ❖ Structuring health care organizations in part around clinician flourishing and not just principally on efficiency and cost
  
- ❖ Flourishing assessments for patients with serious illness
- ❖ Flourishing assessments within psychiatry
- ❖ Attentiveness to life flourishing in major treatment decisions
- ❖ Flourishing as secondary outcomes in RCT's
- ❖ Promotion of pathways for flourishing within psychiatry
  
- ❖ Attending to patients' spiritual concerns and resources
  - Balboni et al. (JAMA 2022;328(2):184-197) Systematic Review
- ❖ Spiritual well-being assessments

## Conclusions – Does Flourishing Matter in Medicine?

What we measure shapes what we discuss; to neglect the measurement of flourishing often reduces policies and decision-making to the material: physical health and financial status

It would be good, when appropriate, to assess flourishing in medicine and psychiatry because...

- Patients care about many aspects of life, not just health
- Many treatment decisions involve trade-offs across different domains
- Psychological well-being affects physical health
- Flourishing implies care of the whole person including spirituality
- Flourishing may help preserve medicine and prevent burn-out
- What we measure shapes what we discuss, what we study, what we know, what we aim for, and policies to achieve it

The asking of questions about flourishing has the potential to accomplish all of these goals

# Additional Slides

Tyler J. VanderWeele  
Departments of Epidemiology and Biostatistics  
Harvard T.H. Chan School of Public Health  
Human Flourishing Program, Harvard University

## Some Initial Insights from GFS

- Aggregated over the 22 countries, men and women report roughly similar flourishing scores
- But there is variation across countries e.g. women report higher than men in Japan, but men higher than women in Brazil
- Many countries now show the “increasing with age pattern”
- But not all, e.g. India and Egypt still manifest the more traditional U-shaped patterns with age
- Happiness is higher in richer countries
- But meaning and purpose is higher in poorer developing countries
- Social connection is often reported higher in other countries (16 of 22) than in the United States
- Those who are employed, educated, married, and religious report higher flourishing scores than those who are not

# Is Flourishing Just the Absence of Mental Illness?

Conceptually: Absence of mental illness does not indicate how happy someone is, or whether they have a sense of purpose; absence of loneliness does not tell us how good relationships are

Descriptively: Clinically depressed individuals can nevertheless sometimes still have higher levels of subjective well-being (Cummins et al., 2007)

Causally: Psychological well-being independently predicts less subsequent mental illness, controlling for baseline measures of mental illness (Wood and Joseph, 2010)

Implications: Promoting well-being is of value in its own right...  
....But may also be valuable in preventing mental illness

How might these considerations come into play in medicine and psychiatry...?



# Scope of Flourishing in Psychiatry

The purview of psychiatry with respect to flourishing is arguably broader than that of other fields within medicine

Sometimes the psychiatrist may serve as marital counselor or life coach

Proposal (VanderWeele, 2024): The role of the psychiatrist is to promote the wholeness of the mind as it pertains to the proper functioning of the brain, along with those aspects of flourishing concerning which the patient and clinician together agree through dialogue to address

Consequences:

- Allows for either narrower or broader practice of psychiatry
- Allows for variation by psychiatrist
- Provides space for a focus on well-being, on relationships, on character, or on spiritual concerns
- Acknowledges conceptions of flourishing may differ across patients and differ across psychiatrists
- Allows the scope of care to vary across patients depending on where common ground and understanding can be found

# Flourishing Among Head and Neck Cancer Survivors

Sample of 100 Head and Neck Cancer survivors at UPMC mean age 63 with mean flourishing of 7.9 (Harris et al., 2022, Cancer Medicine)

Functional Oral Intake Scale (FOIS)			
Tube Feed-Dependent (FOIS 1–3)	72.7 ± 17.8	Base	0.0188
Oral Intake Limitations (FOIS 4–6)	78.5 ± 16.5	5.48 (–3.12, 14.09)	
Normal Diet	87.8 ± 12.8	14.69 (4.27, 25.12)	
Difficulty paying for needs			
Not difficult at all	85.1 ± 11.4	Base	<0.001
Somewhat or extremely difficult	65.4 ± 19.2	–19.68 (–25.88, –13.48)	

Mode of food intake and ability to pay were considerably stronger predictors of flourishing than were gender, race, cancer site, cancer stage, type of treatment, education, occupation, or income

# Spirituality and Health Outcomes

There is evidence, from rigorous longitudinal studies (cf. Koenig, Peteet, VanderWeele, 2023), that participation in religious community also has beneficial effects on numerous health and well-being outcomes (but not all: BMI, anxiety?)

- All-Cause Mortality: Strawbridge et al. (1997); Hummer et al. (1999); Musick et al. (2004); Chida et al. (2009); Li et al. (2016); etc.
- Depression (Li et al., 2016; Garssen et al. 2021; VanderWeele, 2021)
- Suicide (Kleiman and Liu, 2014; VanderWeele et al., 2016; Chen et al., 2020)
- Life Satisfaction: Lim and Putnam (2010); Fancourt and Steptoe (2018); Chen and VanderWeele (2018)
- Meaning and Purpose: Krause and Hayward (2012); Chen et al. (2020)
- Less Substance Abuse: Green et al. (2010); Nonnemaker et al. (2003), Chen and VanderWeele (2018)
- Less Crime: Johnson et al. (2001)
- Generosity/Volunteering/Civic Engagement/Prosocial Behavior: Putnam and Campbell (2012); Shariff et al. (2016); Chen et al. (2020)
- Social Relationships and Marital Stability: Strawbridge et al. (1997); Call and Heaton (1997); Wilcox and Wolfinger (2016); Li et al. (2018)

# Taking a Spiritual History

## Relevant Considerations:

- Palliative care guidelines are to inquire about spirituality (WHO, 2004)
- In psychiatry, religion can be protective for mental illness; religion can also sometimes be the source of tensions; it is important to inquire
- Patients state R/S as one of the top 2 factors of 7 in medical decision-making; physicians rank it 7<sup>th</sup> (Silvestri et al., 2003)

A consensus panel of the American College of Physicians for end-of-life care proposed 4 spiritual history questions (Lo et al., 1999; cf. Koenig 2000)

See also Puchalski (2014) for another common set of four questions (FICA)

World Psychiatry Association likewise endorses taking a spiritual history (Moreira-Almeida et al., 2016)

If considered too long, could be simplified further (VanderWeele, AJE 2022):

- "Are religion or spirituality important to you in thinking about health and illness, or at other times?"
- "Do you have someone to talk to, or would you like someone to talk to about spiritual matters?"

If religious views are shared, and time allows, discussion could go further 44  
Otherwise referrals could be made as desired

# Clinical Practice

Would it ever be ethical to encourage service attendance within the context of an annual physical exam, or within psychiatric care?

- People do not make decisions about religion based on health
- Religious commitments are shaped by: experiences, upbringing, values, truth claims, evidence, relationships, systems of meaning etc.
- But for those who already positively self-identify it would not seem unethical to encourage attendance as a form of meaningful social participation

Importantly...

- Context needs consideration (e.g. former child abuse) with referrals made as appropriate
- This too might be facilitated by taking a spiritual history



# Service Attendance Encouragement

A reasonable approach in clinical practice might then be to first take a brief spiritual history (VanderWeele et al., AJE 2022) and then...

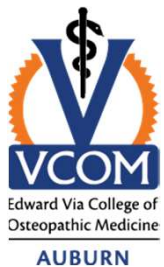
- For those who have had past negative experiences with religious community, again offer of referral to chaplains or counselors
- Referrals for others who would like to talk to a chaplain
- Religious service attendance could be encouraged for those who positively self-identify with a particular religious tradition
- Other forms of community involvement could be encouraged otherwise

We can also turn the question around...

- The effects of attendance across numerous outcomes are profound
- Are we doing harm by withholding this information...?

# Flourishing in the Medical Education Space

William G. Pearson, Jr., Ph.D.  
Associate Professor & Chair of Anatomy



1. Wellness and flourishing
2. Competency or formation
3. Strategy for flourishing in an overburdened system

The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

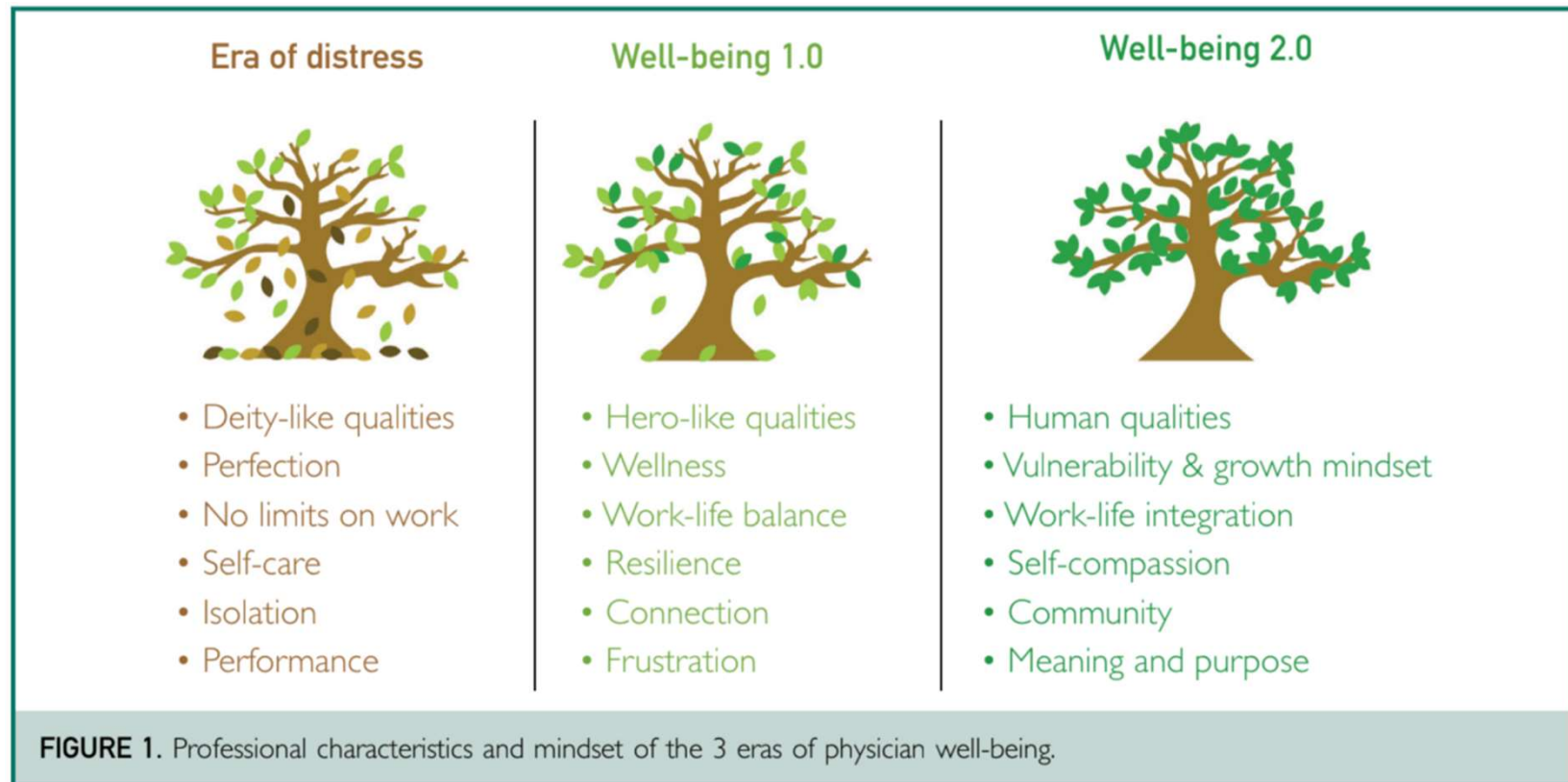
MEDICAL TRAINING TODAY  
Debra Malina, Ph.D., Editor

**Being Well while Doing Well — Distinguishing Necessary  
from Unnecessary Discomfort in Training**

Lisa Rosenbaum, M.D.



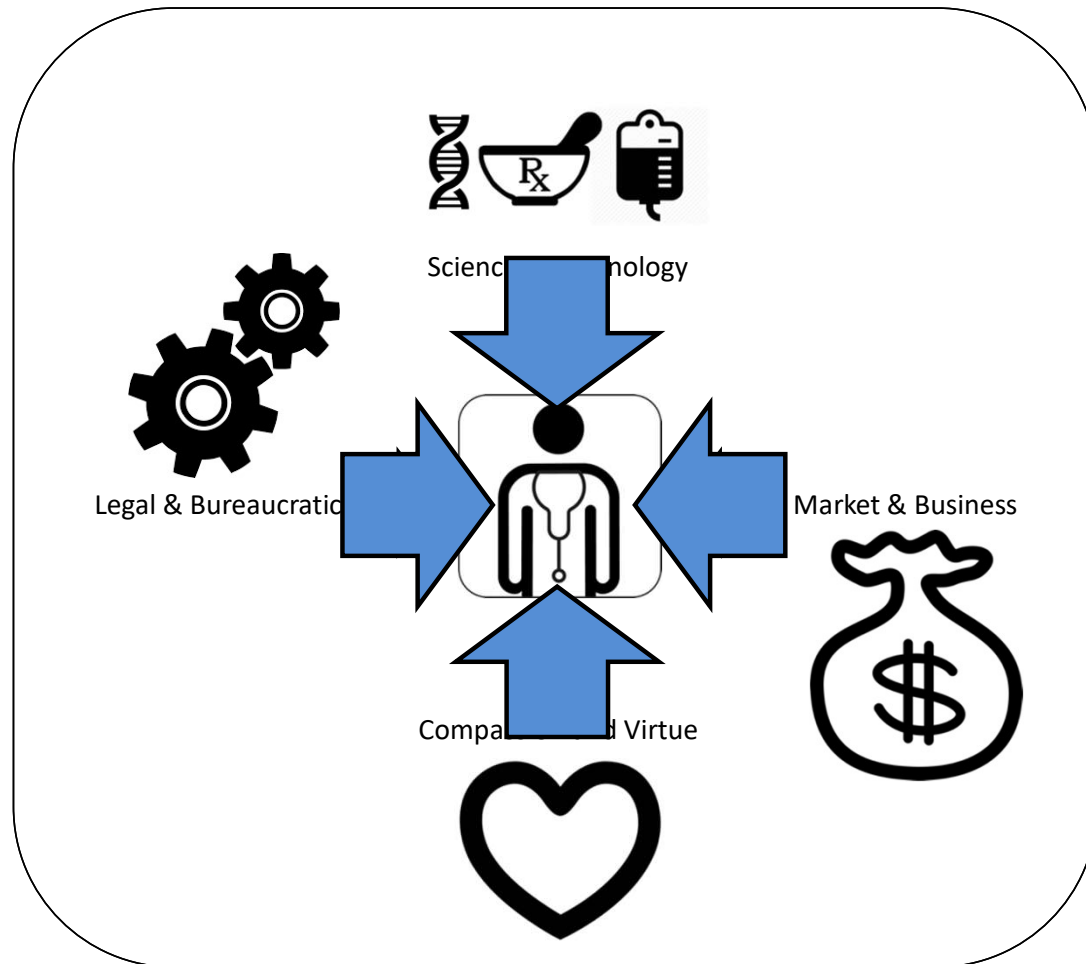
## WELLNESS and FLOURISHING



Shanafelt, T. D. (2021, October). Physician well-being 2.0: where are we and where are we going? In *Mayo Clinic Proceedings* (Vol. 96, No. 10, pp. 2682-2693). Elsevier.



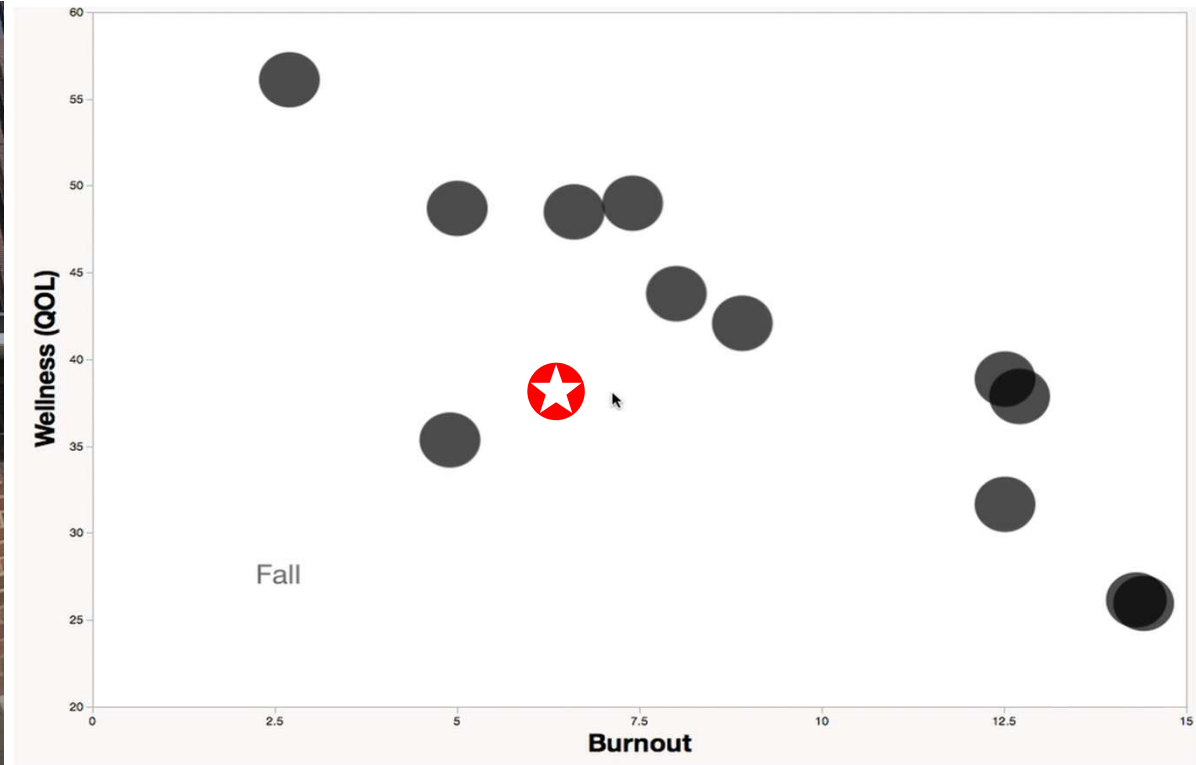
## SYSTEMS OF PHYSICIAN SOCIALIZATION



Balboni MJ, Balboni TA: Hostility to Hospitality: Spirituality and Professional Socialization Within Medicine: Oxford University Press, 2018.



# Learning Community Thrive Profile

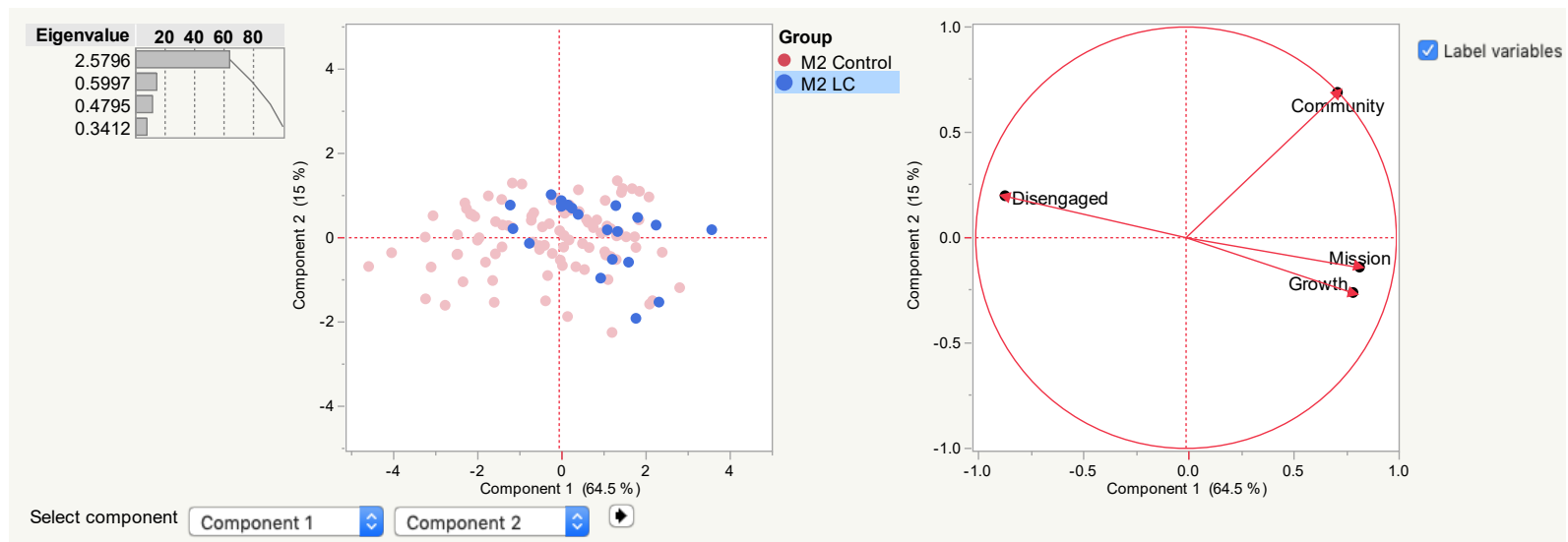


★ National Average AAMC Y2Q

Lee MT, Pearson WG, (2024) Love as the Essence of Flourishing: Educational Experiments with the Subjunctive Mood. The Future of Education: Reimagining Its Aims and Responsibilities, edited by Christina Easton and Jon Beale (Oxford University Press).

## PILOT STUDY

MISSION (Purpose), COMMUNITY (Relationships), GROWTH (Character)  
WERE PREVENTATIVE FOR DISENGAGEMENT\*



(Pearson et al., unpublished data)

\* *Disengagement is the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results.* Steve Peglar, SPHR, SHRM-SCP

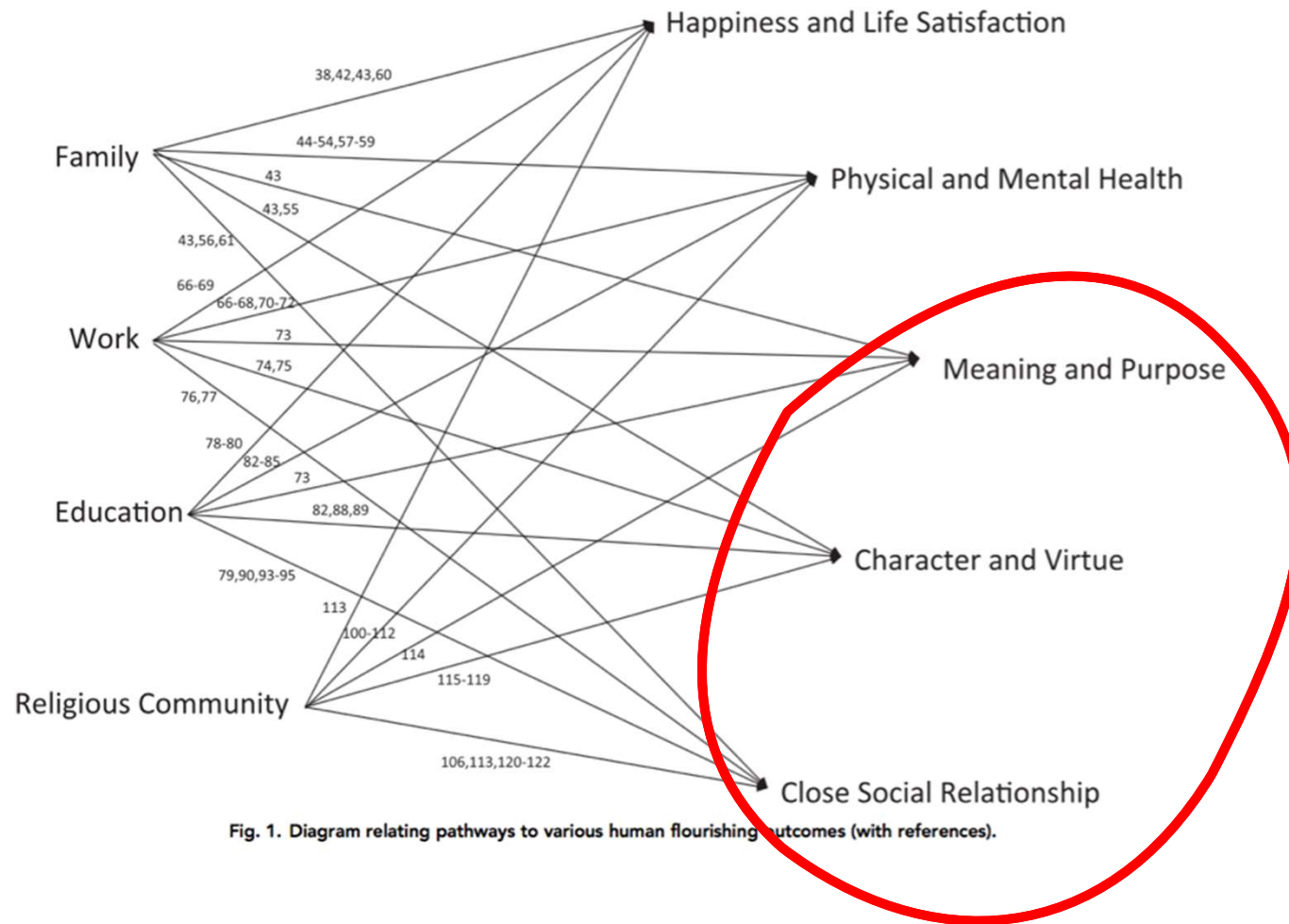
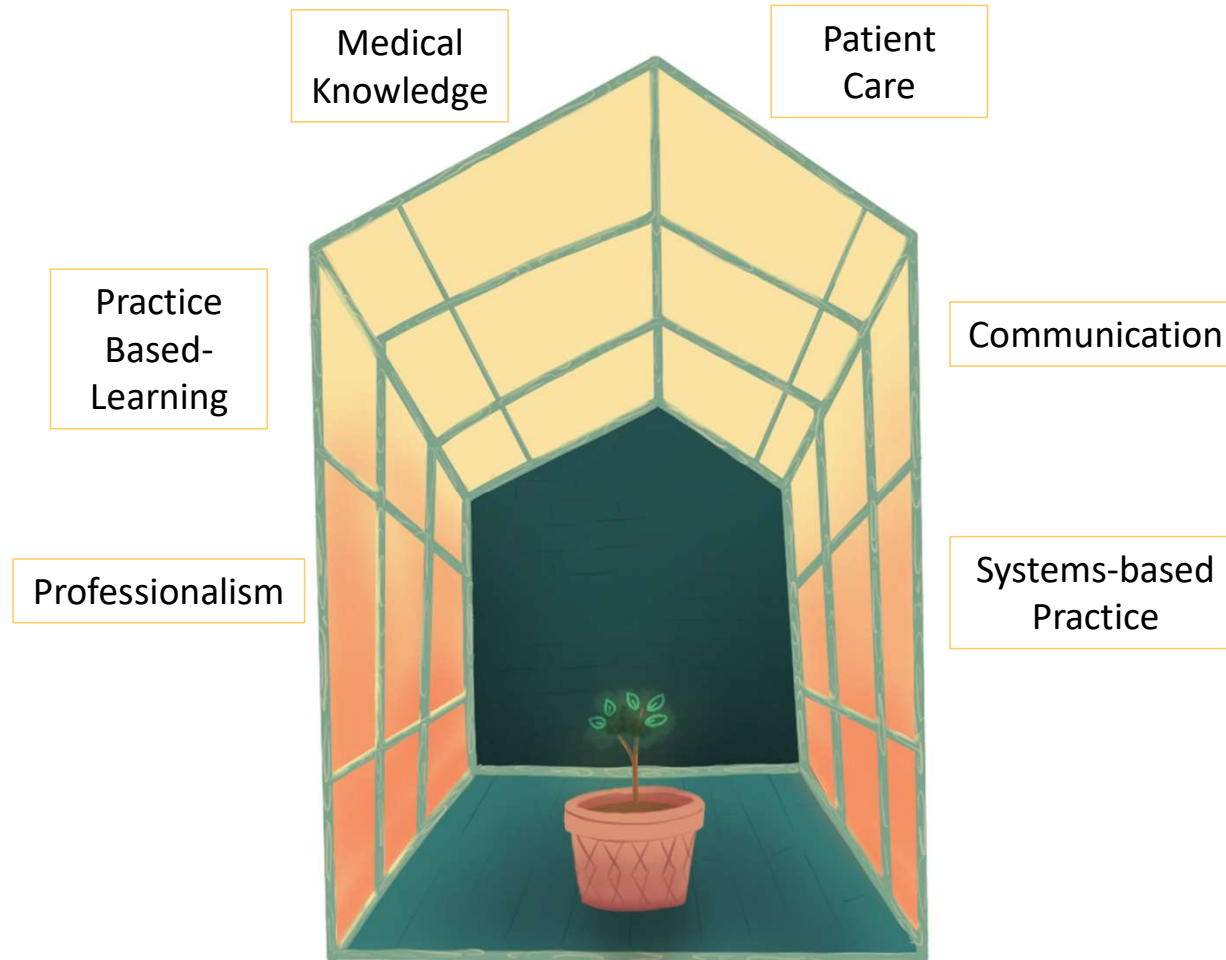


Fig. 1. Diagram relating pathways to various human flourishing outcomes (with references).

VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148-8156.

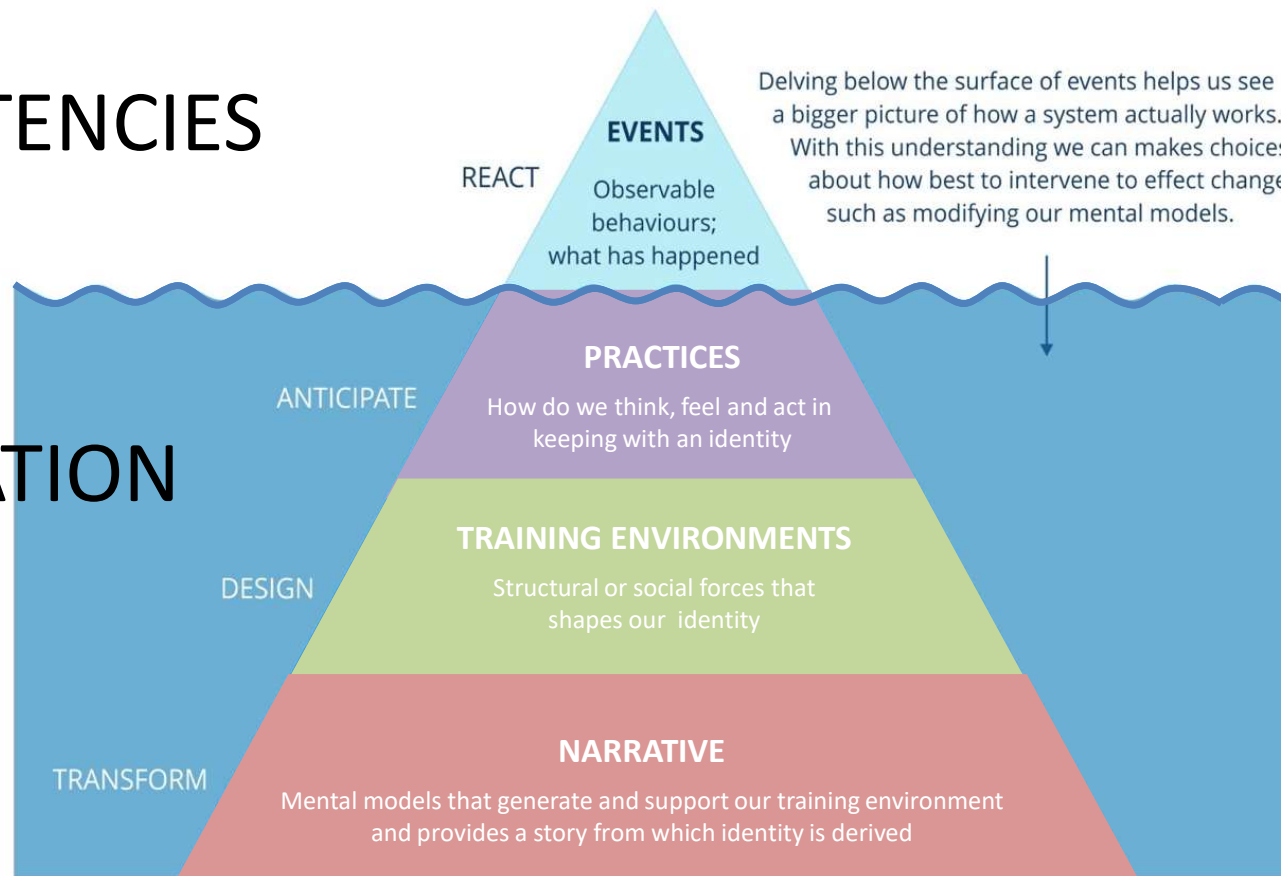
## COMPETENCY BASED OBJECTIVES APPROACH



# Formation → Competency

## COMPETENCIES

## FORMATION

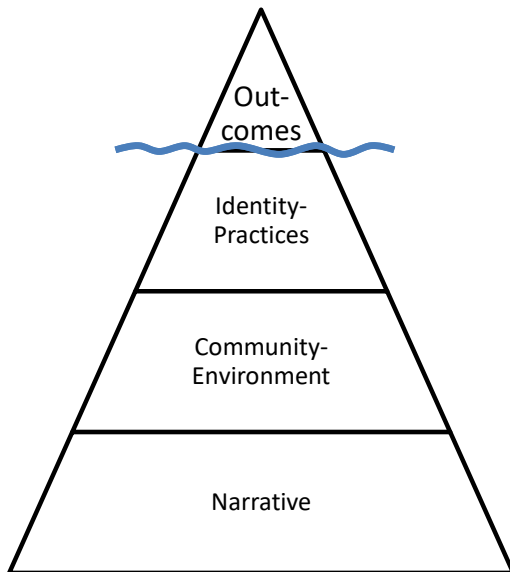




# FORMATION AND FLOURISHING

Healthy Roots and Rings Grow Flourishing Branches and Leaves

## The KNN's North Star: A Framework for Flourishing



### Practical Wisdom

Using acquired experience to discern the right way to do the right thing in a particular circumstance, with a particular person, at a particular time.<sup>2</sup>

### Character

A constellation of characteristics—moral, civic, intellectual and performance—formed over time and manifest in dispositions and practices.<sup>3</sup>



### Flourishing

Flourishing refers to a wholeness—of being and doing, of realizing one's potential and helping others do the same. It can be measured across the domains of happiness, life satisfaction, physical and mental health, meaning and relationships, and it is most commonly achieved through pathways of family, work, education and spiritual community.<sup>1</sup>

### Individuals

Medical and Other Health Professions Education

Health Systems and Other Practice Environments

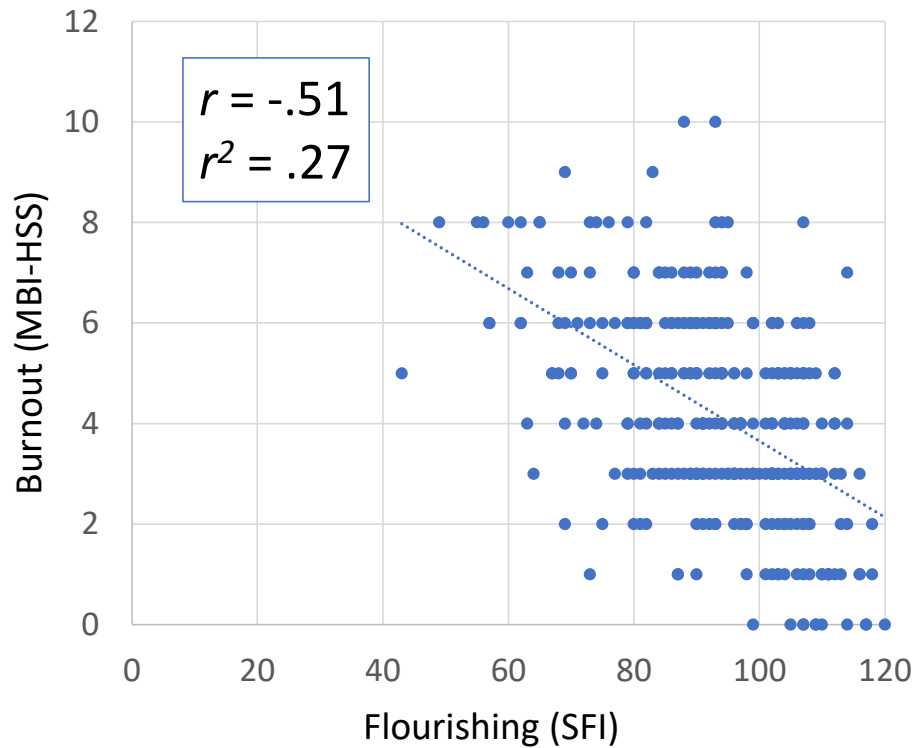
### Society

### Caring

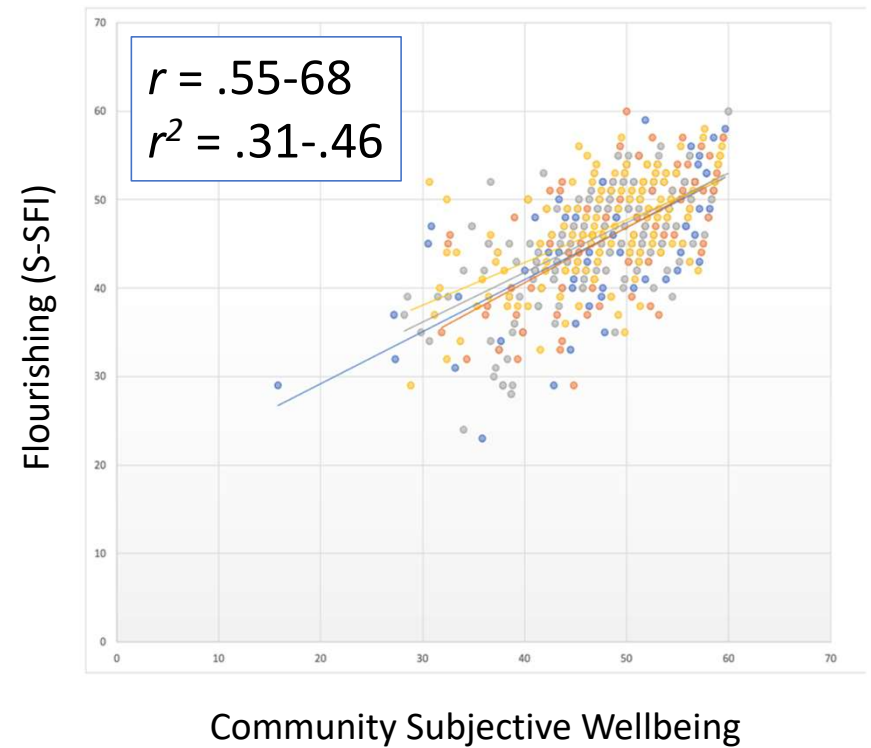
A blend of practices, dispositions and motivations—attentiveness, responsibility, competency, responsiveness and engagement/citizenship—all aimed at ensuring that individuals and populations grow, develop and flourish as best they can.<sup>4</sup>

## FLOURISHING PREVENTATIVE OF BURNOUT

Among medical students and medical residents (Kelly-Hedrick et al. 2023, Vermette et al 2024)



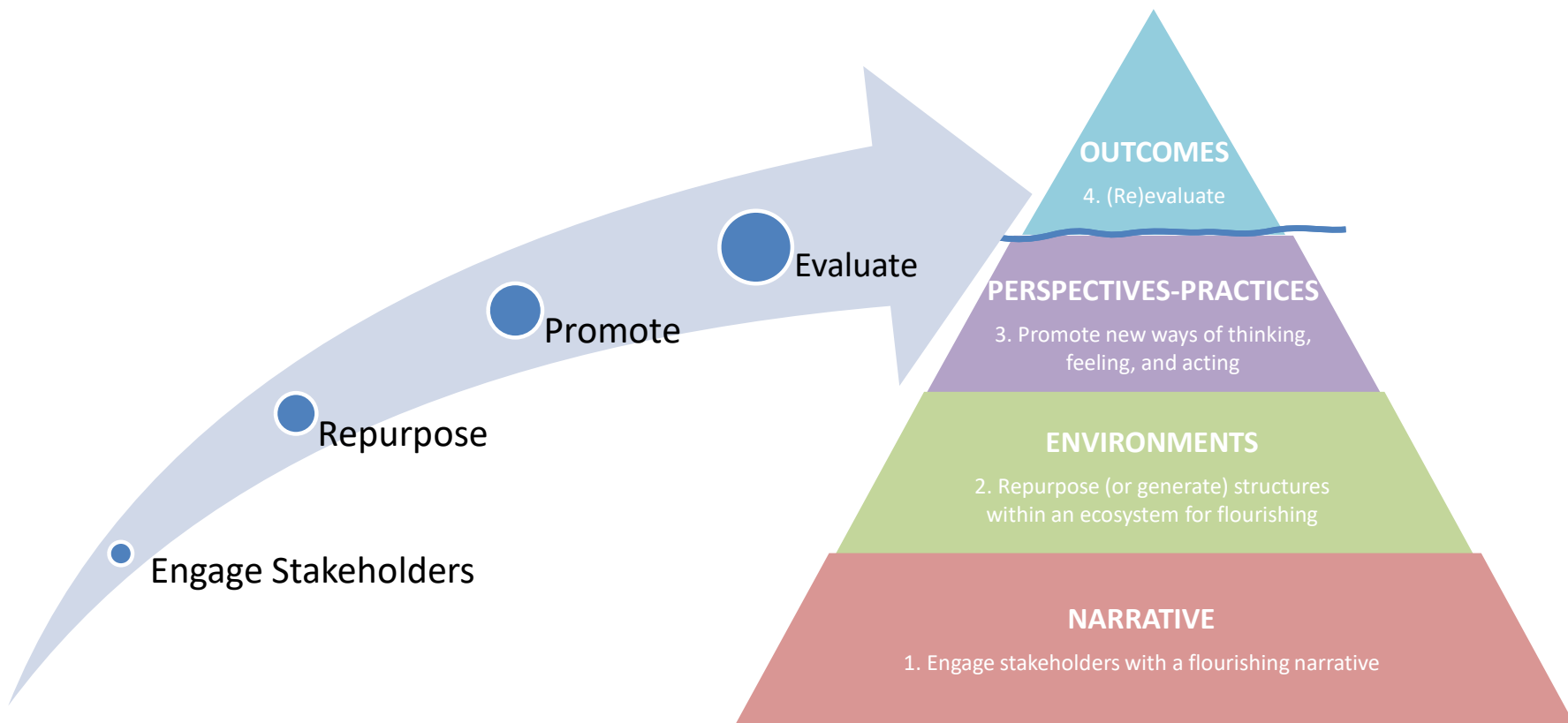
## SYSTEMS LEVEL FLOURISHING IMPACTS INDIVIDUAL FLOURISHING



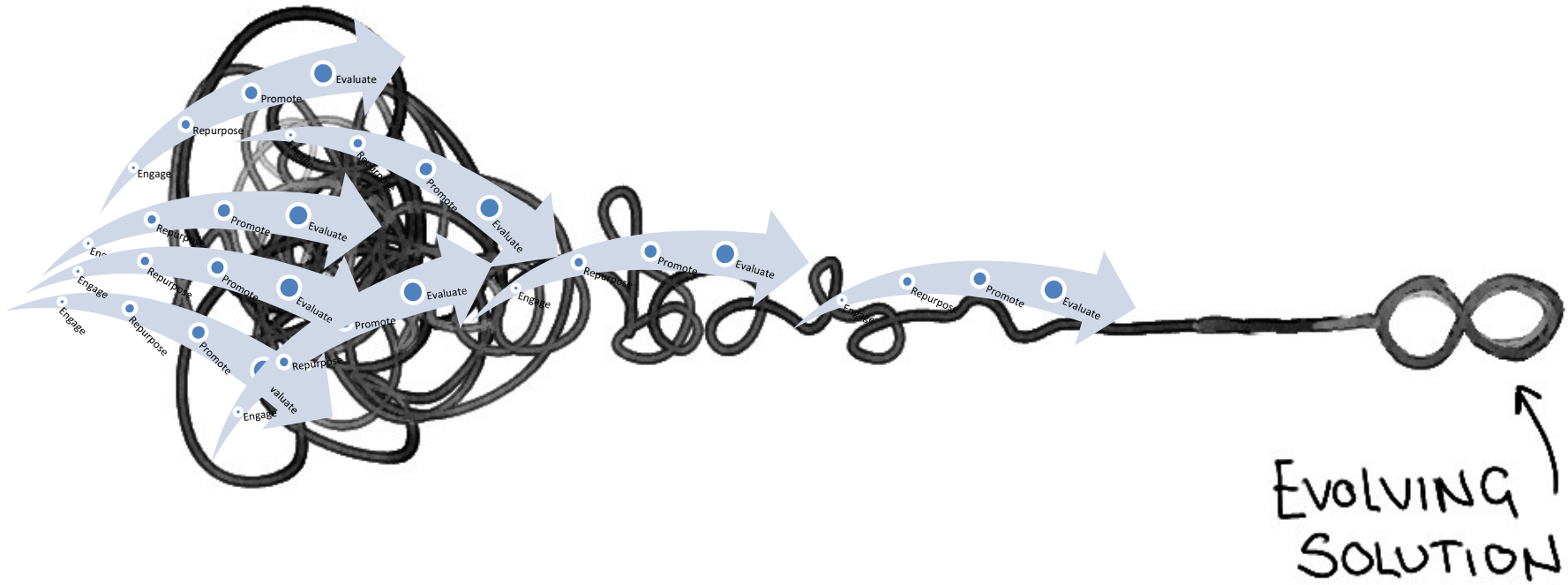
Pearson et al. (2023-24), Unpublished data

# System-Level Developmental Change Model (Patton, 2010)

*Co-create flourishing environments*



- ✓ ITERATIVE
- ✓ ADAPTIVE
- ✓ SCALABLE



## DEVELOPMENTAL CHANGE MODEL FOR SYSTEM-LEVEL FLOURISHING IN MEDICAL EDUCATION

Engage your stakeholders: What would a flourishing narrative look like in context of our system?

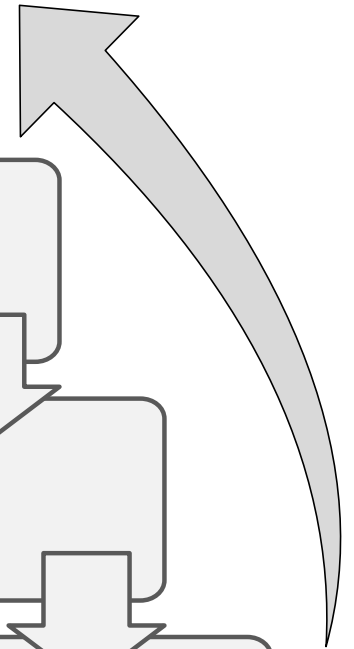
What structures in our system can we repurpose for human flourishing?

What flourishing perspectives and practices can we promote among stakeholders?

Evaluate individual and systems level flourishing. (KNN Flourishing Database)

ROOTS AND RINGS



















BRANCHES AND LEAVES

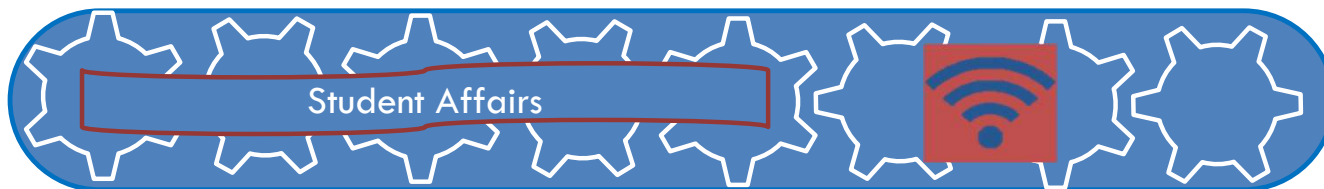


**EXTRAS**

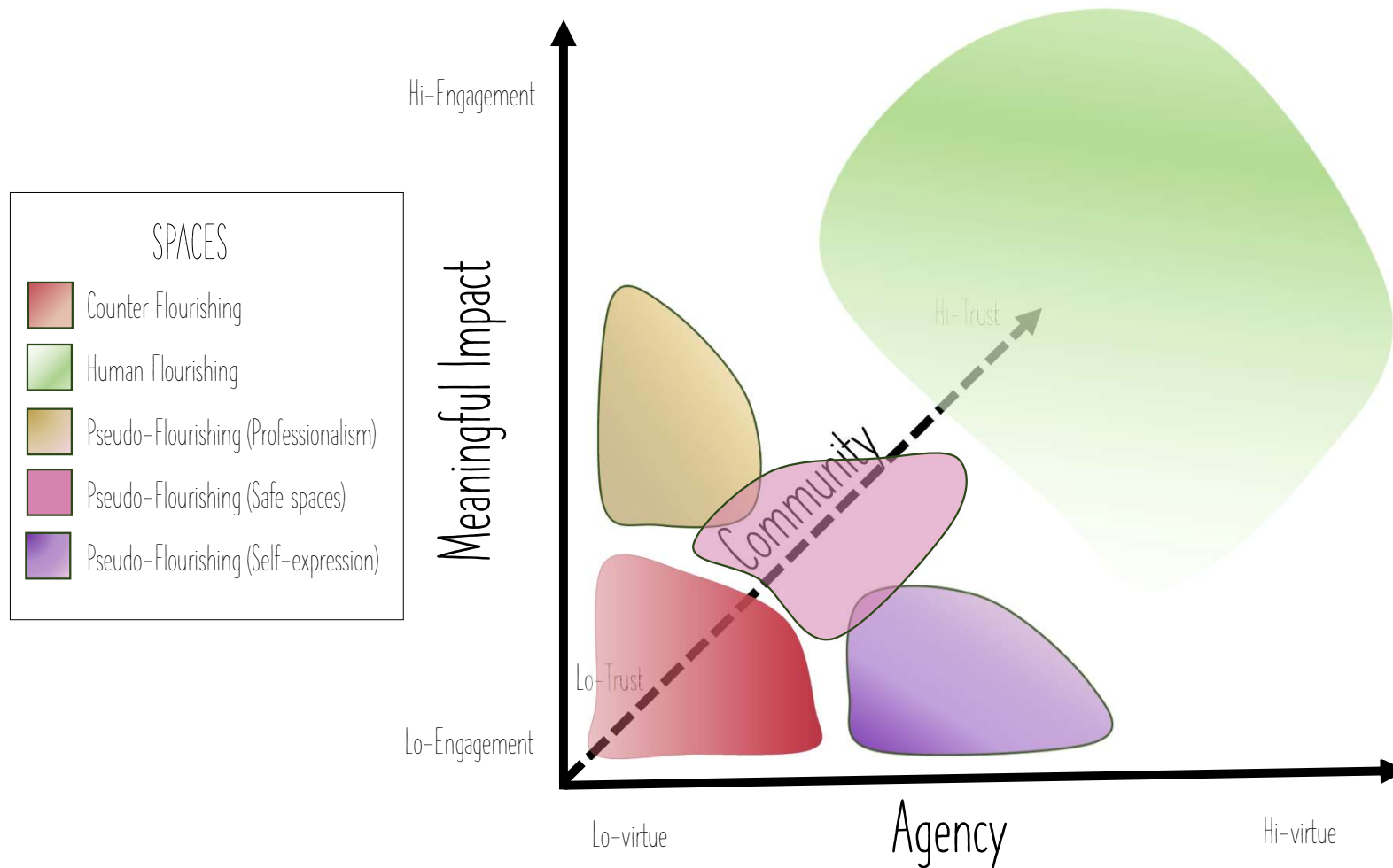


# GENERIC MEDICAL SCHOOL

Phase 1	Phase 2	Phase 3
Medical Knowledge Modules (Classroom, Labs) 	Medical Knowledge Modules (Classroom, Labs) 	Clerkships (Shelf Exams) 
Patient Care (PD 1) OSCE 	Patient Care (PD 2) OSCE 	Clerkships OSCE 
Practice Based Learning PBL 	Practice Based Learning PBL 	Clerkships: Phase3 eval 
Communication* 	Communication* 	Communication* 
Professionalism* 	Professionalism* 	Professionalism* 
System Based Practice* 	System Based Practice* 	System Based Practice* 



# Flourishing Vectors and Spaces





# **What Will You Do to Cultivate a Culture of Flourishing...**

- **In the next month?**
- **In the next year?**

# Thank You

## Thank you to our presenters and attendees for participating

- Continue to engage and advance flourishing by becoming a **member of the movement**
- Please **join us in September** for the **2024 KNN Conference** — visit our website for more details

### CONTACT US

**Email:** [knn@mcw.edu](mailto:knn@mcw.edu)

**Twitter (X):** @KernNetwork

**Web:** [knncaringcharactermedicine.org](http://knncaringcharactermedicine.org)



### JOIN THE MOVEMENT

Scan QR code to learn more about becoming a **Member of the Movement**



# JOIN THE MOVEMENT TOWARD FLOURISHING IN MEDICINE

The KNN is leading a movement to unite groups and organizations with a shared goal of transforming the profession of medicine so that all within can truly flourish.

## BECOME A MEMBER

- Join as **Changemakers** at the department, group or team level
- Become a **Catalyst** organization for full institutional involvement

*Not ready to join as a group / organization?  
Inquire about individual options.*



Access **resources, learning, expertise** to spark transformational change



**Collaborate** with others and **enrich national efforts**



Move forward with **greater momentum** together



# BECOME A CATALYST ORGANIZATION

Commit to transforming organizational cultures and systems toward flourishing for all



**KERN NATIONAL NETWORK**  
FOR FLOURISHING IN MEDICINE  
*Character. Caring. Practical Wisdom.*

## ACTIVATE A POWERFUL THEORY OF CHANGE INSTITUTIONALLY



### CONNECT

A vision to help you **bring together key leaders** to advance organizational work toward flourishing

**Guidance** on applying the KNN Framework for Flourishing



### CONVENE

**Regularly review and update strategy**, informed by national research and projects

**Collectively identify implementation opportunities** in your organization



### CATALYZE

**Build on and expand** efforts to enact flourishing in your environment

**Highlight and amplify institutional accomplishments**



### INFLUENCE

**Share your work in national spaces** to influence the field more broadly

**Compound your impact** with continued collaboration, internal and external

LEARN MORE







# **Appendix**



# Symbolic Significance of Framework Imagery

- **Blue concentric rings:**  
show the levels of the ecosystem across which the elements of character, caring and practical wisdom operate to promote flourishing from the individual to society as a whole
- **Tree as a whole:**  
represents how the profession of medicine contributes to flourishing through character, caring and practical wisdom
- **Tree trunk:**  
depicts interrelationship of character and caring as a structure that supports and leads to flourishing
- **Branches:**  
two main branches represent the different but related roles of character and caring; practical wisdom is represented by the off-shooting limbs from the main branches
- **Leaves:**  
different leaf colors reflect that flourishing can ebb and flow

# Definitions Informing Evolving Work

1) **Flourishing:** “A state in which all aspects of a person’s life are good; involves numerous domains of life, including happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and close social relationships.” (VanderWeele)

2) **Practical Wisdom:** “Using acquired experience to discern the right way to do the right thing in a particular circumstance, with a particular person, at a particular time.” [One who:]

- “knows the proper aims of the activity she is engaged in, wants to do the right thing to achieve these aims, and wants to meet the needs of the people she is serving;
- knows how to improvise, balancing conflicting aims and interpreting rules and principles in light of the particularities of each context;
- is perceptive, reads social contexts, and [...] sees the gray in a situation;
- knows how to take on the perspective of another, [...] feels empathy and make decisions that serve others;
- knows how to make emotion an ally of reason, rely on emotion to signal what a situation calls for, and inform judgment without distorting it; and,
- is an experienced person.” (Schwartz and Sharpe)

3) **Character:** “The complex [constellation] of psychological characteristics that [motivates and] enables individuals to act as moral agents.” (Berkowitz and Bier)

These characteristics are developmentally dependent and contextually formed over time. Character manifests in dispositions and practices, which are influenced by situations and valued according to the sociocultural context.

4) **Caring:** “A blend of practices, dispositions and motivations all aimed at ensuring that individuals and populations grow, develop and flourish as best they can. Caring is:

- situated in the context of relationships and built on acceptance of interdependence;
- acknowledges inherent power imbalances but eschews dominance and seeks humility;
- reliant on trust as a precondition and is also generated in a reinforcing loop, and is mutually beneficial and rewarding.” (Tronto, Held, and Mayeroff)

*Note: all definitions were adapted from their referenced sources on the following slide*

# References for Framework Components

## Flourishing

- 1) VanderWeele, T.J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148-8156.  
Su, F.E. (2020). *Mathematics for human flourishing*. New Haven, CT: Yale University Press.

## Practical Wisdom

- 2) Schwartz, B., & Sharpe, K. (2010). *Practical wisdom: The right way to do the right thing*. New York, NY: Riverhead Books.

## Character

- 3) Berkowitz, M.W. & Bier, M.C. Research-Based Character Education. *The Annals of the American Academy of Political and Social Science*. 2004;591(1):72-85.  
Jubilee Centre for Character and Virtues (2022). The Jubilee Centre Framework for Character Education in Schools. University of Birmingham, Jubilee Centre for Character and Virtues. Retrieved from: <https://www.jubileecentre.ac.uk/wp-content/uploads/2024/07/Framework-for-Character-Education-2.pdf>

*In addition, this definition was adapted from and informed by the work of several other authors including Larry Nucci, PhD and Philippa Foot, PhD.*

## Caring

- 4) Tronto, J.C. (2013). *Caring democracy: Markets, equality, and justice*. New York, NY: NYU Press.  
Tronto, J.C. (1993). *Moral boundaries: a political argument for an ethic of care*. New York, NY: Routledge Taylor and Francis Group.  
Held, V. (2006). *The ethics of care: personal, political, and global*. New York, NY: Oxford University Press.  
Mayeroff, M. (1971). *On caring*. New York, NY: HarperCollins Publishers.

