



KERN NATIONAL NETWORK

FOR CARING & CHARACTER IN MEDICINE

Supplemental Q&A: “Human Flourishing 2030: Flourishing in Healthcare Spaces”

On August 23, 2022, community members and leaders from the Oregon Health & Science University and the University of Wisconsin-Madison’s School of Nursing gathered for a session in the Kern National Network for Caring & Character in Medicine discussion series “Human Flourishing 2030.”

Throughout the session, a panel discussed ways to improve flourishing within healthcare settings, and how collaborative practice approaches can help practitioners, staff, patients and learners within care settings flourish. The presenters also offered lessons and strategies on how improving wellness in healthcare spaces can fit into that broader goal.



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The following is a summary of audience questions and responses from the presenters. Please note, remarks have been lightly edited for clarity:

Addressing Burnout in Healthcare Settings

Q: What incentives do you think are needed for leaders within the system to change—specifically incentives that drive burnout?

Jacobs: I don’t know all the answers, but I can tell you what we’re trying to do and some of our lessons learned. The framework for us speaks to a better understanding of workload and the job demands that are evolving. For my staff and faculty, they want to understand how much flexibility they have in their work life, which is an opportunity for us ... We need to be thinking about what part-time work means and making sure our appointments, promotions and tenure activities do not disadvantage someone who chooses to work part-time—that is a big chunk in academic medicine that needs to be addressed ... It’s partnerships and the team that’s delivering care; how can we do a better job of integrating work with life? At the institutional level, how can we be more innovative and creative? It’s not just about the saying “work smarter, not harder.” I would prefer to say everyone is smart and hardworking ... It’s about

engaging with the communities we serve in a different manner. That is an important North Star for us.

Scott: I agree with Danny's comments. I would say that [it requires] not only having individuals work to the top of their licensure—I think it's important for all states, beyond the 30 states that have given nurses full practice authority, to do that so we can really utilize our nursing workforce. We need to go upstream in making changes in education so that we don't continue to deal with downstream issues. It's [really] re-emphasizing if we can solve some of those problems, there will be a return on investment.

Q: How might you think about these interventions, or moving towards flourishing, in specialties like surgery where the strain is so great when it comes to work/life balance?

Jacobs: For leaders, one of the first things to do is to acknowledge the time demands. We understand that there is a terrific demand of time, energy and effort. If we're going to put the patient first and have the best outcomes, we have to be, as Linda mentioned, more attentive to sleep and other things that will allow us to perform at the very top of our abilities. That's a little different speaking as a surgeon because early on, before the 80-hour work week, the idea was, "The best surgeons are those who work the longest hours." Aside from the operating room and patient care, I think giving ourselves freedom to say that [work/life balance] is not a sign of weakness, but actually folks trying to take best care of themselves in order to take best care of others...

One of the better ways to break up demands of the surgeon is to have a team of individuals and ask how we can do it even better. It's starting to happen [in medical organizations] where they are thinking differently about teams and what it means not to absolve oneself from having primary responsibility as a caregiver, but also talking about how best to provide those services...Post-operative care is critically important, but post-operative care can perhaps best be managed by a team.

Q: Do we rely on our workplaces, employers and professions to be our sources and support in flourishing, or is there another complimentary approach to setting boundaries in our relationship with work so we can flourish in our communities and other aspects of life?

Scott: Earlier when I talked about it being a partnership between the employee and employer, I think that is a must. I think there needs to be a recognition of the individual responsibility to engage in self-care, and I think the organization has a responsibility to provide that too. I think it is my individual responsibility to get enough sleep, to go to work, to practice; the organization has a responsibility to ensure that there is an opportunity to put evidence-based strategies in place to ensure [flourishing.]

Something I still consider a bit antiquated is just because hospitals are 24/7, doesn't mean that we have to use traditional models of shift work to provide care. One of the things that we do based on a 24-hour cycle is have shifts that result in circadian misalignment—so that people are awake when they should be asleep, and therefore they start to have the negative effects that come along with that. If we can come together and think about how we can provide care differently—and not necessarily have 8- to 12-hour shifts, but a way we can deliver care better, whether we're talking about nurses or resident physicians—if we can do something different, I think that would go a long way.

Recruitment and Leadership Commitment

Q: What is the role of asking for commitment from leaders and the incentives for leaders to model in healthcare spaces that ensure self and member wellness?

Jacobs: Listening to feedback and listening to concerns voiced by members ... using outside experts to come and talk to [my senior leadership team] not only about team dynamics, but also how to best care for ourselves so we can do our jobs better and walk the walk, instead of just talking the talk. Recently, something that has come forth in [my two committees] is a re-envisioning of human resources at OHSU ... As we looked at the kind of person we want [for an executive vice president position,] the key question was, “How can you help us take best care of ourselves, but help us live and breathe the people first?” That is an expectation for this person, and we expect that he or she will bring knowledge that we don’t have and not just talk about it, but [make sure] that it is embedded in everything we do in the organization. And as leaders, give ourselves permission to be tired in a safe space, but actually talk about the higher being of why we’re here.

Scott: I think there does need to be a commitment from leadership. One thing that I’m doing—which came out of lessons learned from the pandemic—was to embed a mental health provider in school so that there is a resource in proximity to our students as opposed to [only] university health services; and having a resource for our faculty and staff who may not be equipped to help students. I’ve also put a wellness officer in our school; I have a faculty member whose dissertation research was all about wellness and creating a wellness advisory committee ... I think we have to be more proactive in that space to try to address those issues. ■

Access More Materials

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