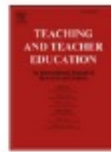


# The Science of Bite-sized Well-being: Evidence, Practice and Resources to Share



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[caws.dukehealth.org](https://caws.dukehealth.org) | [www.linkedin.com/in/wellb](https://www.linkedin.com/in/wellb)



## Research paper

## Teachers' emotional exhaustion during the COVID-19 pandemic: Levels, changes, and relations to pandemic-specific demands

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## ABSTRACT

We aimed to identify the levels of and changes in emotional exhaustion experienced by teachers and principals during the COVID-19 pandemic and pandemic-related stressors and resources. In a German sample of 2157 teachers and 374 principals, we found high levels and an increase of emotional exhaustion. Results from multi-group structural equation modeling analyses indicated that health concerns and workload were positively and social support negatively related to emotional exhaustion. Additional analyses of an open response question confirmed that teachers and principals experienced their work during the COVID-19 pandemic as predominantly stressful. These results indicate the importance of supporting both teachers and principals in reducing their exhaustion to help students overcome the consequences of the COVID-19 pandemic.

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In March 2020, the COVID-19 pandemic hit countries worldwide. To reduce the risk of infection, governments in many countries imposed lockdowns, including school closures that forced teachers to change from in-person to digital instruction from one day to the next. In Germany, where the current study was conducted, schools subsequently reopened after two months, pursuing a hybrid strategy. This meant that classes were split into smaller groups that alternately received in-classroom instruction and assignments at home. Consequently, teachers had to manage both modes of instruction simultaneously. After the summer break, schools finally returned to regular in-classroom teaching. However, even then, school life was far from normal. Students and teachers had to wear masks, keep distance from each other, and rigorous hygiene rules determined everyday school life. When infection rates started to increase again in the fall, politicians claimed that keeping schools open was their priority and it was not until

Christmas that schools closed again. Initially, the school closure was meant to be a short-term closure but the return to school was not possible before the middle of March 2021. The numerous changes meant a considerable additional organizational effort and a great deal of uncertainty for teachers and principals. In addition, during the time when schools were still open, teachers and principals had to deal with concerns of becoming infected at work.

It is reasonable to assume that the dramatic changes the pandemic imposed on teachers' and principals' work impaired their occupational well-being. This is alarming because teachers already perceived their profession as stressful and reported elevated levels of burnout before the pandemic (Herman et al., 2020; Iriarte Redín & Erro-Garcés, 2020). Furthermore, teacher burnout is related to teachers' health, their retention in the profession, the quality of their instruction, and student outcomes (Arens & Morin, 2016; Klusmann et al., 2016; Klusmann, Aldrup, Roloff, Lüdtke, & Hamre, 2022). However, to date, there is little robust empirical evidence on teachers' and principals' levels of and changes in burnout symptoms during the pandemic and on factors that hinder or help them to cope with the dramatic changes.

To address this gap, the present study investigated teachers' ( $N = 2157$ ) and principals' ( $N = 374$ ) emotional exhaustion, which is the core symptom of burnout (Maslach et al., 2001), during the

## Teacher Emot Exhaustion predicts:

- health
- retention
- quality of instruction
- student outcomes

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# Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis

Alexander Hodkinson,<sup>1,9</sup> Anli Zhou,<sup>1</sup> Judith Johnson,<sup>2,3</sup> Keith Geraghty,<sup>1</sup> Ruth Riley,<sup>4</sup> Andrew Zhou,<sup>5</sup> Efharis Panagopoulou,<sup>6</sup> Carolyn A Chew-Graham,<sup>7</sup> David Peters,<sup>8</sup> Aneez Esmail,<sup>1</sup> Maria Panagioti<sup>1,9</sup>

## ABSTRACT OBJECTIVE

To examine the association of physician burnout with the career engagement and the quality of patient care globally.

## DESIGN

Systematic review and meta-analysis.

## DATA SOURCES

Medline, PsycINFO, Embase, and CINAHL were searched from database inception until May 2021.

## ELIGIBILITY CRITERIA FOR SELECTING STUDIES

Observational studies assessing the association of physician burnout (including a feeling of overwhelming emotional exhaustion, feelings of cynicism and detachment from job defined as depersonalisation, and a sense of ineffectiveness and little personal accomplishment) with career engagement (job satisfaction, career choice regret, turnover intention, career development, and productivity loss) and the quality of patient care (patient safety incidents, low professionalism, and patient satisfaction). Data were double extracted by independent reviewers and checked through contacting all authors, 84 (49%) of 170 of whom confirmed their data. Random-effect models were used to calculate the pooled odds ratio, prediction intervals expressed the amount of

heterogeneity, and meta-regressions assessed for potential moderators with significance set using a conservative level of  $P < 0.10$ .

## RESULTS

4732 articles were identified, of which 170 observational studies of 239 246 physicians were included in the meta-analysis. Overall burnout in physicians was associated with an almost four times decrease in job satisfaction compared with increased job satisfaction (odds ratio 3.79, 95% confidence interval 3.24 to 4.43,  $I^2=97\%$ ,  $k=73$  studies,  $n=146\,980$  physicians). In the presence of increased burnout, career choice regret increased by more than threefold compared with being satisfied with career choice (3.49, 2.43 to 5.00,  $I^2=97\%$ ,  $k=16$ ,  $n=33\,871$ ). Turnover intention also increased by more than threefold compared with retention (3.10, 2.30 to 4.17,  $I^2=97\%$ ,  $k=25$ ,  $n=32\,271$ ). Productivity had a small but significant association with burnout (1.82, 1.08 to 3.07,  $I^2=83\%$ ,  $k=7$ ,  $n=9581$ ) and burnout also affected career development (3.77, 2.77 to 5.14,  $I^2=0\%$ ,  $n=3411$ ). Overall physician burnout doubled patient safety incidents compared with no patient safety incidents (2.04, 1.69 to 2.45,  $I^2=87\%$ ,  $k=35$ ,  $n=41\,059$ ). As burnout increased, low professionalism was twice as likely compared with maintained professionalism (2.33, 1.96 to 2.70,  $I^2=96\%$ ,  $k=40$ ,  $n=32\,321$ ), as was patient dissatisfaction compared with patient satisfaction (2.22, 1.38 to 3.57,  $I^2=75\%$ ,  $k=8$ ,  $n=1002$ ). Burnout and poorer job satisfaction was greatest in hospital settings (1.88, 0.91 to 3.86,  $P=0.09$ ), physicians aged 31–50 years (2.41, 1.02 to 5.64,  $P=0.04$ ), and working in emergency medicine and intensive care (2.16, 0.98 to 4.76,  $P=0.06$ ); burnout was lowest in general practitioners (0.16, 0.03 to 0.88,  $P=0.04$ ). However, these associations did not remain significant in the multivariable regressions. The association between burnout and patient safety incidents was greatest in physicians aged 20–30 years (1.88, 1.07 to 3.29,  $P=0.03$ ), and people working in emergency medicine (2.10, 1.09 to 3.56,  $P=0.02$ ). The association of burnout with low professionalism was smallest in physicians older than 50 years (0.36, 0.19 to 0.69,  $P=0.003$ ) and greatest in physicians still in training or residency (2.27, 1.45 to 3.60,  $P=0.001$ ), in those who worked in a hospital (2.16, 1.46 to 3.19,  $P<0.001$ ), specifically in emergency medicine specialty (1.48, 1.01 to 2.34,  $P=0.042$ ), or situated in a low to middle income country (1.68, 0.94 to 2.97,  $P=0.08$ ).

## CONCLUSIONS

This meta-analysis provides compelling evidence that physician burnout is associated with poor function

# BMJ 2022

- 170 studies
- 239,246 physicians

# Physician Emot Exhaustion predicts:

- health
- retention
- quality of care
- patient outcomes

## WHAT IS ALREADY KNOWN ON THIS TOPIC

Burnout is reaching global epidemic levels among physicians and many physicians advocate that the capacity in the field of medicine is almost reaching crisis point

A better understanding of the association of burnout with the career engagement of physicians is urgently needed now more than ever as health and care systems across the globe are facing a critical workforce crisis

No meta-analysis to date has examined the association of burnout with the career engagement of physicians, nor have they presented this relationship in parallel with the potential impacts on the quality of patient care

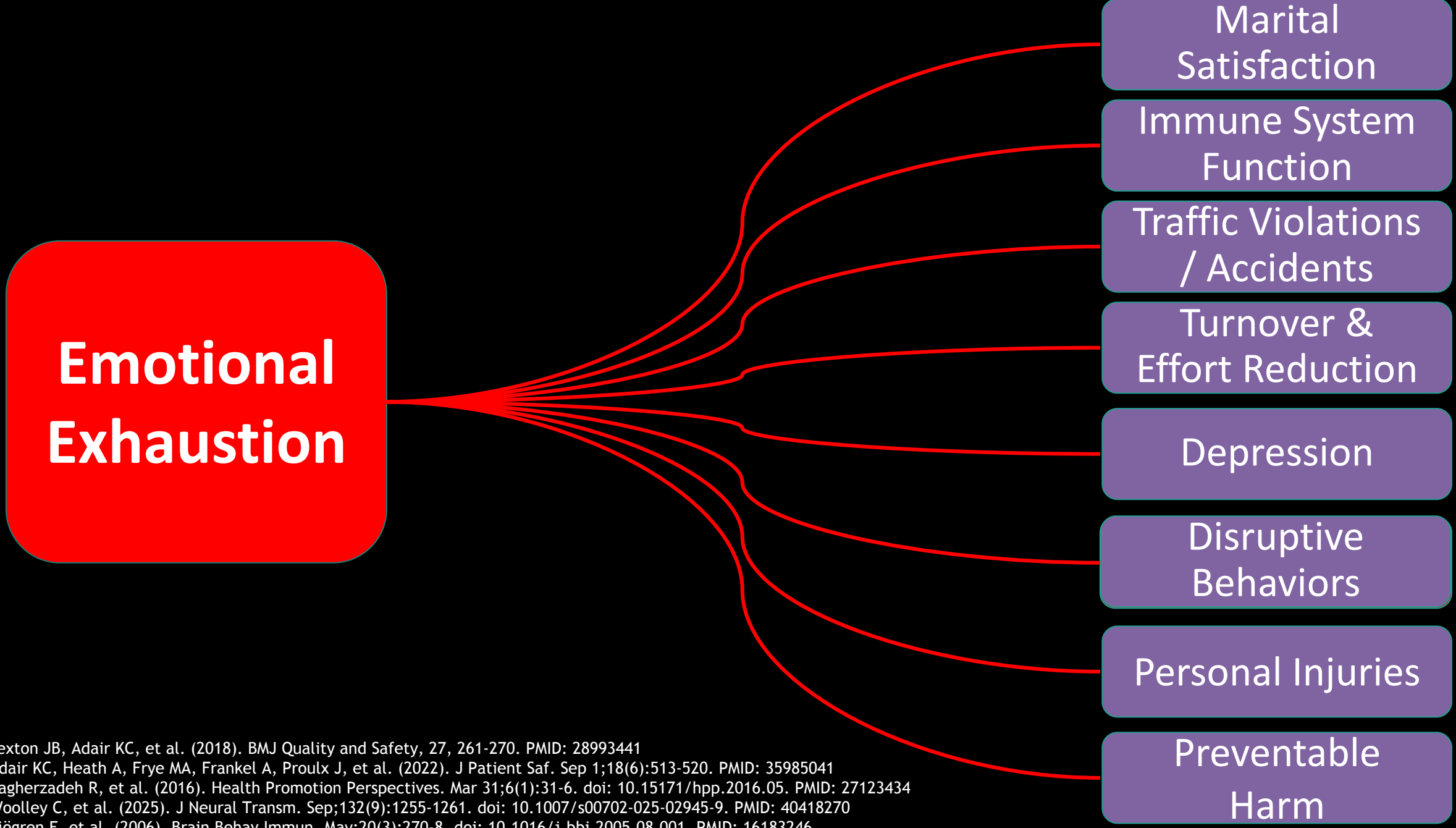
## WHAT THIS STUDY ADDS

The largest and most comprehensive systematic review and meta-analysis assessing the association of burnout with the career engagement of physicians and the quality of patient care, summarising results from 170 observational studies with 239 246 physicians

Physicians with burnout are up to four times more likely to be dissatisfied with their job and more than three times as likely to have thoughts or intentions to leave their job (turnover) or to regret their career choice

Physicians with burnout are twice as likely to be involved in patient safety incidents and show low professionalism, and over twice as likely to receive low satisfaction ratings from patients

# Emotional Exhaustion



Marital  
Satisfaction

Immune System  
Function

Traffic Violations  
/ Accidents

Turnover &  
Effort Reduction

Depression

Disruptive  
Behaviors

Personal Injuries

Preventable  
Harm

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Penny CL, Adair KC, Frankel AS, et al. (2023). Front. Psychol. 14:1267660. doi: 10.3389/fpsyg.2023.1267660

We have data from 30,000  
healthcare workers in:  
Sept 2019  
Sept 2020  
Sept 2021/Jan 2022  
<https://ja.ma/3EoH6Om>

## Emotional Exhaustion Among US Health Care Workers Before and During the COVID-19 Pandemic, 2019-2021

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD; Joshua Proulx, BSEE; Jochen Proffitt, MD; Xin Cui, PhD; Jon Bae, MD; Allan Frankel, MD

### Abstract

**IMPORTANCE** Extraordinary strain from COVID-19 has negatively impacted health care worker (HCW) well-being.

**OBJECTIVE** To determine whether HCW emotional exhaustion has increased during the pandemic, for which roles, and at what point.

**DESIGN, SETTING, AND PARTICIPANTS** This survey study was conducted in 3 waves, with an electronic survey administered in September 2019, September 2020, and September 2021 through January 2022. Participants included hospital-based HCWs in clinical and nonclinical (eg, administrative support) roles at 76 community hospitals within 2 large health care systems in the US.

**EXPOSURES** Safety, Communication, Organizational Reliability, Physician, and Employee Burnout and Engagement (SCORE) survey domains of emotional exhaustion and emotional exhaustion climate.

**MAIN OUTCOMES AND MEASURES** The percentage of respondents reporting emotional exhaustion (%EE) in themselves and a climate of emotional exhaustion (%EEclim) in their colleagues. Survey items were answered on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree); neutral or higher scores were counted as "percent concerning" for exhaustion.

**RESULTS** Electronic surveys were returned by 37 187 (of 49 936) HCWs in 2019, 38 460 (of 45 268) in 2020, and 31 475 (of 41 224) in 2021 to 2022 for overall response rates of 74.5%, 85.0%, and 76.4%, respectively. The overall sample comprised 107 122 completed surveys. Nursing was the most frequently reported role ( $n = 43\,918$  [40.9%]). A total of 17 786 respondents (16.9%) reported less than 1 year at their facility, 59 226 (56.2%) reported 1 to 10 years, and 28 337 (26.9%) reported 11 years or more. From September 2019 to September 2021 through January 2022, overall %EE increased from 31.8% (95% CI, 30.0%-33.7%) to 40.4% (95% CI, 38.1%-42.8%), with a proportional increase in %EE of 26.9% (95% CI, 22.2%-31.8%). Physicians had a decrease in %EE from 31.8% (95% CI, 29.3%-34.5%) in 2019 to 28.3% (95% CI, 25.9%-31.0%) in 2020 but an increase during the second year of the pandemic to 37.8% (95% CI, 34.7%-41.3%). Nurses had an increase in %EE during the pandemic's first year, from 40.6% (95% CI, 38.4%-42.9%) in 2019 to 46.5% (95% CI, 44.0%-49.1%) in 2020 and increasing again during the second year of the pandemic to 49.2% (95% CI, 46.5%-51.9%). All other roles showed a similar pattern to nurses but at lower levels. Intraclass correlation coefficients revealed clustering of exhaustion within work settings across the 3 years, with coefficients of 0.15 to 0.17 for emotional exhaustion and 0.22 to 0.24 for emotional exhaustion climate, higher than the .10 coefficient typical of organizational climate (a medium effect for shared variance), suggestive of a social contagion effect of HCW exhaustion.

(continued)

### Key Points

**Question** Is the COVID-19 pandemic associated with an increase in health care worker emotional exhaustion?

**Findings** In this 3-year survey study with an overall sample of 107 122 responses from US health care workers before (2019) and twice during (2020 and 2021-2022) the COVID-19 pandemic, increases were reported in assessments of emotional exhaustion in oneself and in one's colleagues overall and for every role; nurses reported increases each year, but physicians reported decreases in 2020 followed by sharp increases in 2021. Exhaustion score clustering in work settings was suggestive of a social contagion effect of exhaustion.

**Meaning** These findings indicate that emotional exhaustion among health care workers, which was problematic before the pandemic, has become worse; increases in emotional exhaustion may jeopardize care quality and necessitate additional support for the workforce.

+ Invited Commentary

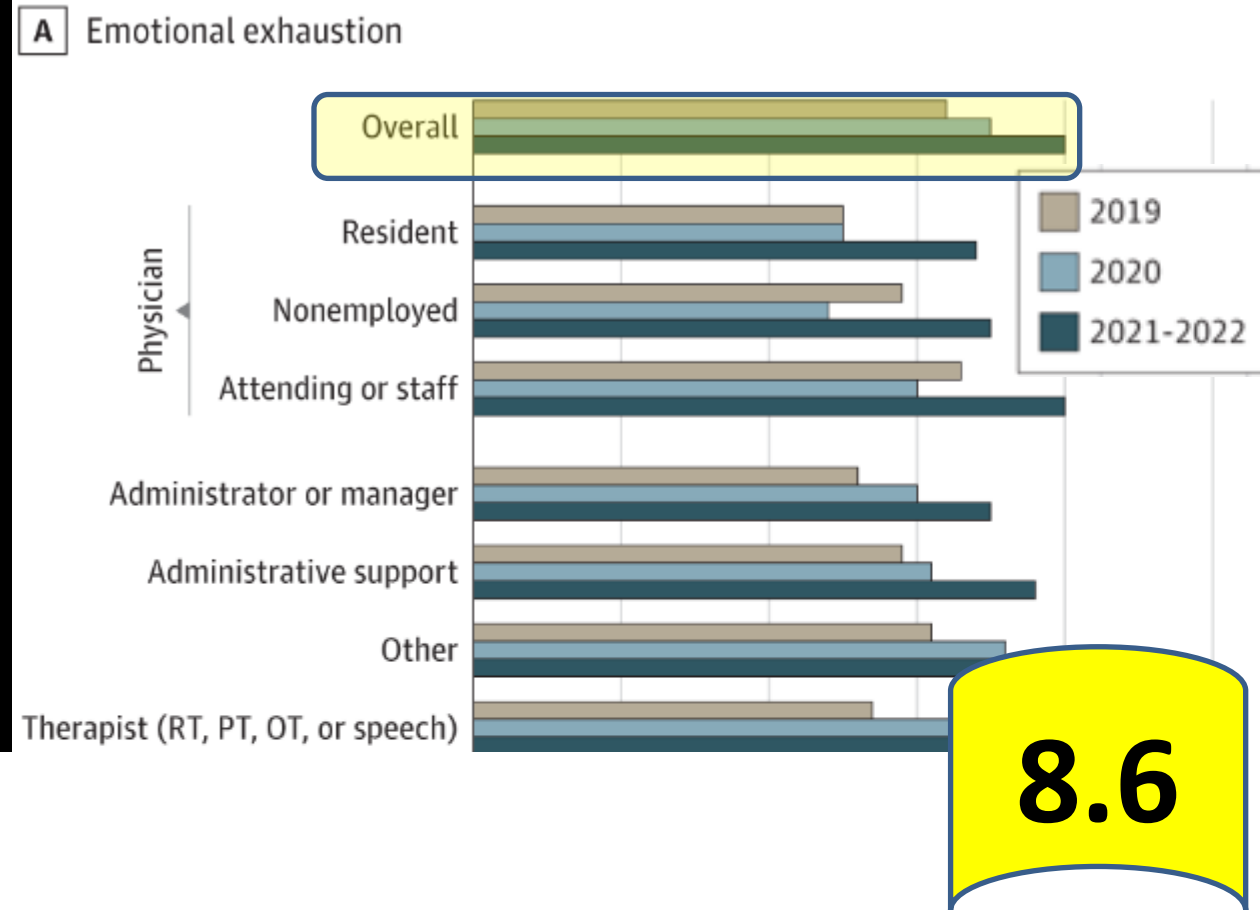
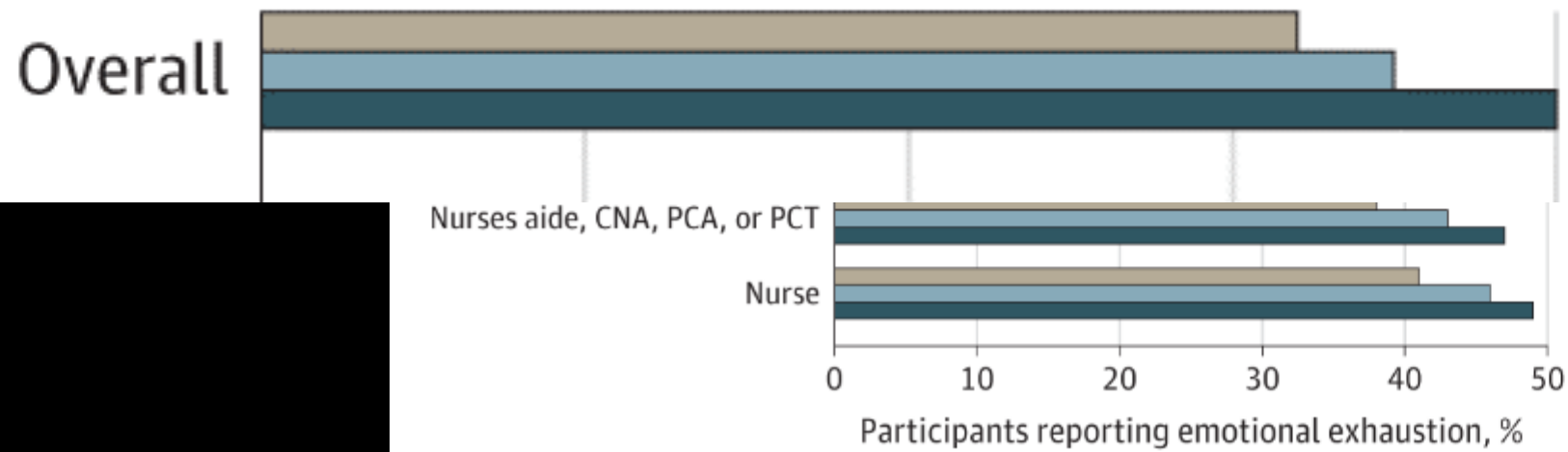
+ Supplemental content

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**A** Emotional exhaustion

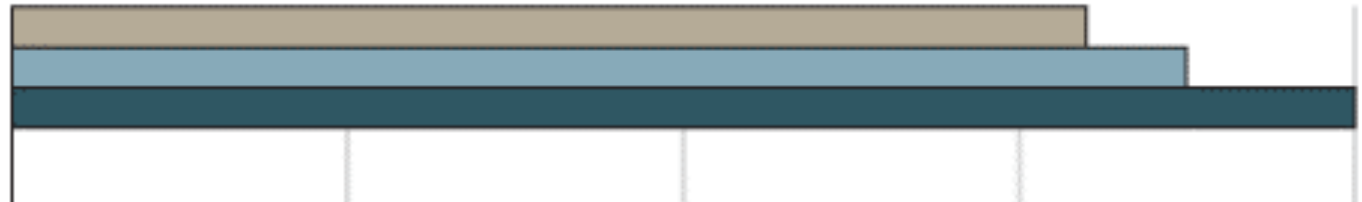


**EE ↑ almost 9 pts  
during pandemic**

**A** Emotional exhaustion

**8.6**

Overall



# Measuring Well-being



Well-being redefined:  
The ability to “do stuff”  
Best metric: Emotional Exhaustion



Emotional Exhaustion correlates:  
MD Intentions to leave  $r=.64$   
APP Intentions to leave  $r=.67$   
RN Intentions to leave  $r=.67$   
Leadership Behaviors  $r=-.50$

Have you ever met someone who is  
content/happy that has a lousy boss?

# What is well-being?

The ability to see the good *and* the bad across situations.



**Burnout is intense, can we  
cause it to go down?**

# Bite-Sized Well-being

we packaged the best available evidence for busy healthcare workers BSWB:

- Simple
- Brief
- Recovery comes quickly
- Benefits endure



ARTICLE

# Randomized controlled trial of the “WISER” intervention to reduce healthcare worker burnout

Jochen Profit<sup>1,2</sup> · Kathryn C. Adair<sup>3,4</sup> · Xin Cui<sup>1,2</sup> · Briana Mitchell<sup>1</sup> · Debra Brandon<sup>5,6</sup> · Daniel S. 1 Joseph Rigdon<sup>8</sup> · Jeffrey B. Gould<sup>1,2</sup> · Henry C. Lee<sup>1,2</sup> · Wendy L. Timpson<sup>9</sup> · Martin J. McCaffre Alexis S. Davis<sup>1</sup> · Mohan Pammi<sup>11</sup> · Melissa Matthews<sup>12</sup> · Ann R. Stark<sup>13</sup> · Lu-Ann Papile<sup>14</sup> · Eric Tho Michael Cotten<sup>16</sup> · Amir Khan<sup>14</sup> · J. Bryan Sexton<sup>3,4</sup>

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## Abstract

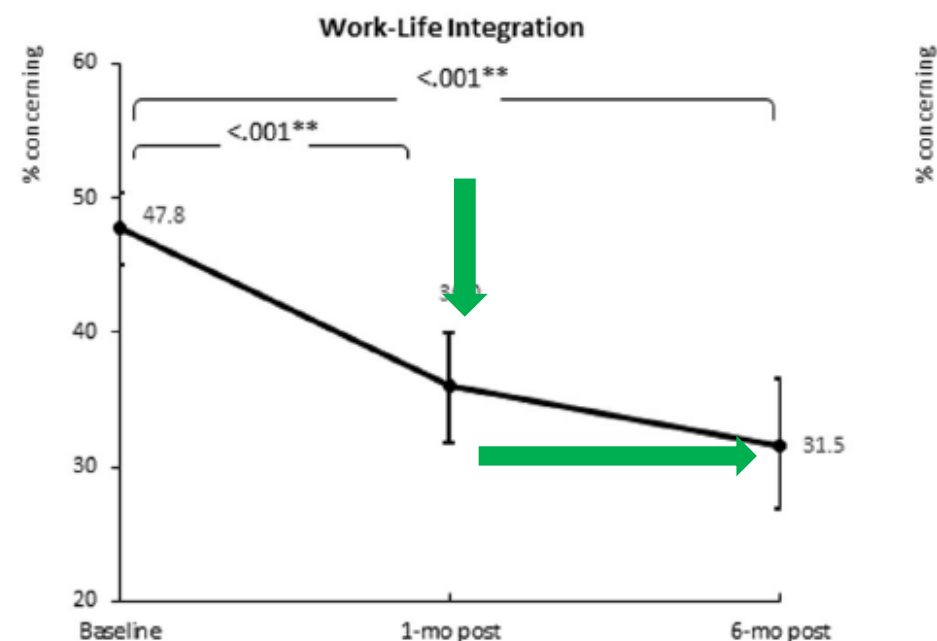
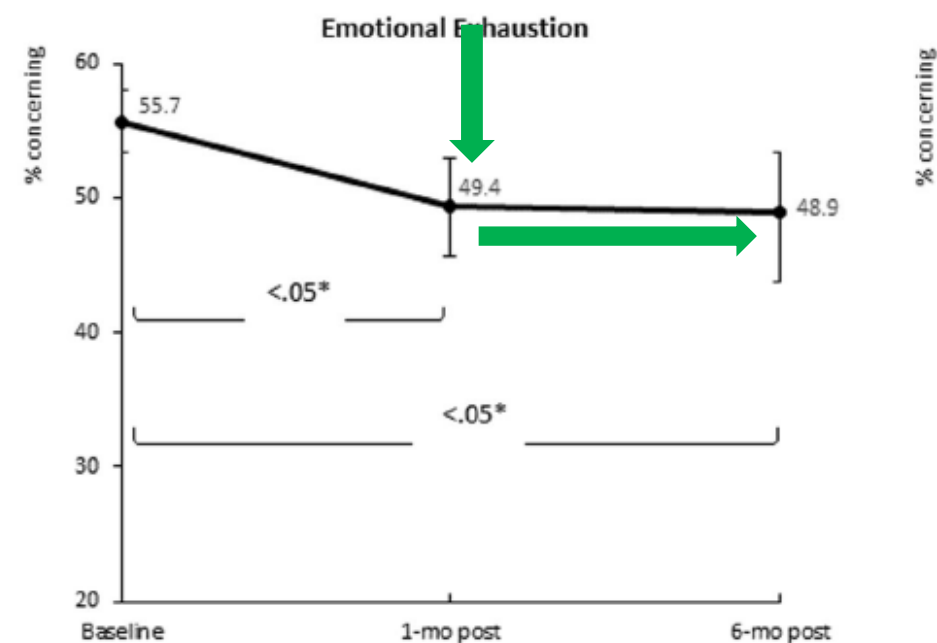
**Objective** Test web-based implementation for the science of enhancing resilience (WISER) intervention efficacy in healthcare worker (HCW) burnout.

**Design** RCT using two cohorts of HCWs of four NICUs each, to improve HCW well-being (primary outcome). Cohort 1 received WISER while Cohort 2 acted as a waitlist control.

**Results** Cohorts were similar, mostly female (83%) and nurses (62%). In Cohorts 1 and 2 respectively, 182 and 176 completed 1-month follow-up, and 78 and 146 completed 6-month follow-up. Relative to waitlist control, WISER decreased burnout (−5.27 (95% CI: −10.44, −0.10),  $p = 0.046$ ). Combined adjusted cohort results showed that the percentage of HCWs reporting concerning outcomes was significantly decreased for burnout (−11.6% (95% CI: −11.6%, −1.0%);  $p = 0.008$ ), and secondary outcomes depression (−5.2% (95% CI: −10.8, −0.4);  $p = 0.008$ ) and work-life integration (−11.8% (95% CI: −17.9, −6.1);  $p < 0.001$ ). Improvements endured at 6 months.

**Conclusion** WISER appears to durably improve HCW well-being.

**Clinical Trials Number** NCT02603133; <https://clinicaltrials.gov/ct2/show/NCT02603133>





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## Effectiveness of a bite-sized web-based intervention to improve healthcare worker wellbeing: A randomized clinical trial of WISER

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**Importance:** Problems with the wellbeing of healthcare workers (HCWs) are widespread and associated with detrimental consequences for the workforce, organizations, and patients.

**Objective:** This study tested the effectiveness of the Web-based Implementation for the Science of Enhancing Resilience (WISER) intervention, a positive psychology program, to improve six dimensions of the wellbeing of HCWs.

**Design:** We conducted a randomized controlled trial of HCWs between 1 April 2018 and 22 July 2019. Cohort 1 received WISER daily for 10 days. Cohort 2 acted as a waitlist control before receiving WISER.

**Setting:** Web-based intervention for actively employed HCWs across the United States.

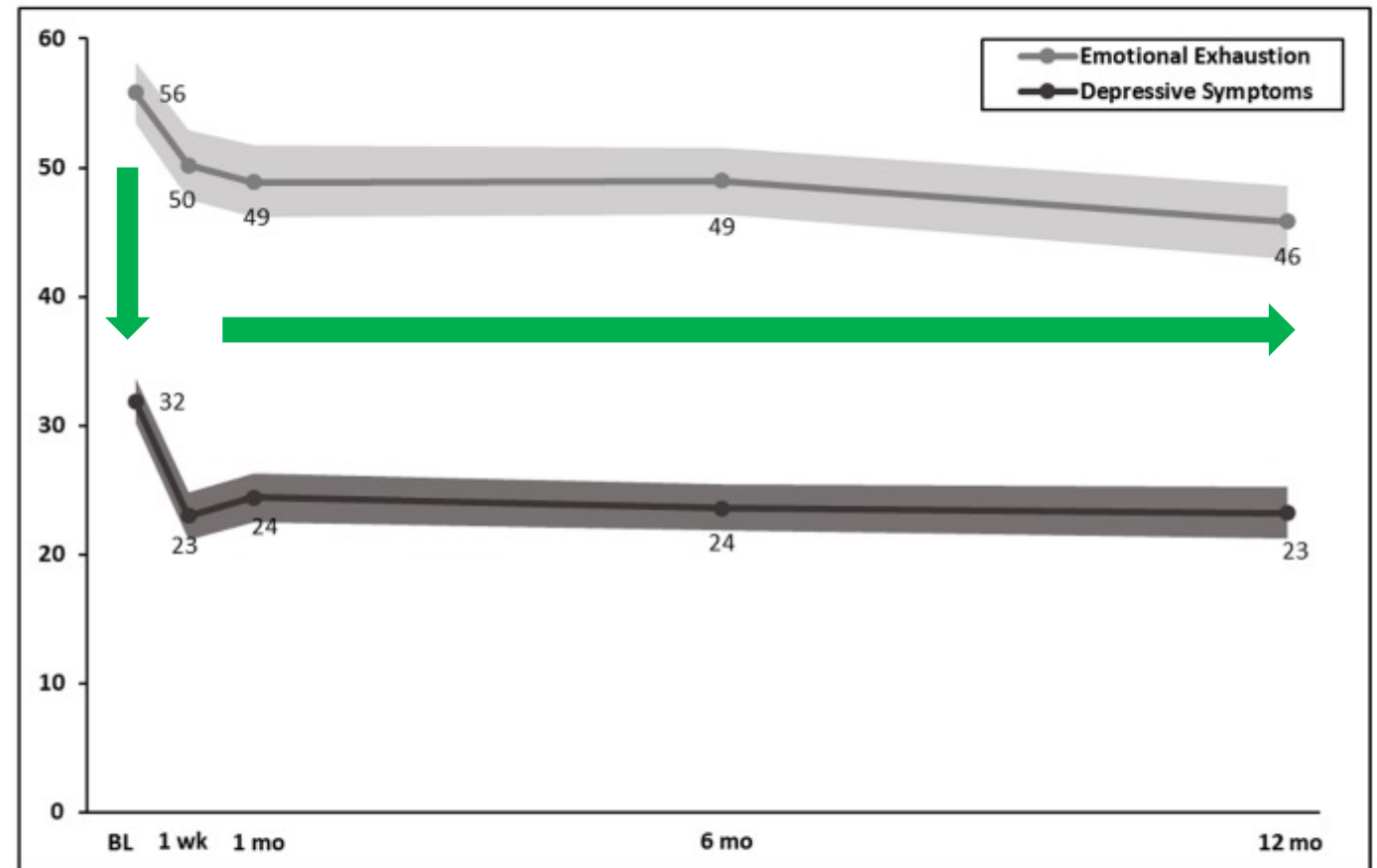
**Participants:** Eligibility criteria included being ≥18 years old and working as a HCW. Each participant was randomized to start the intervention or serve as a waitlist control for 14 days before starting the intervention.

**Interventions:** Cohorts received links via 10 texts exposing them to introductory videos and positive psychology exercises (3 good things, cultivating awe, random acts of kindness, cultivating relationships, and gratitude letters).

**Main outcomes and measures:** The primary outcome was emotional exhaustion; secondary outcomes included depressive symptoms, work-life integration, happiness, emotional thriving, and emotional recovery. All outcomes were assessed at baseline, 1-week post-intervention (primary endpoint), and 1, 6, and 12-month post-intervention. Outcomes were measured using six validated wellbeing instruments, rescaled to 100-point

# Bite-Sized Well-Being: Randomized Clinical Trial of WISER

Figure 2. Effect of WISER for emotional exhaustion and depressive symptoms at 1-week, 1-, 6-, 12-month post intervention (100-point scale)



Dots in the middle line: Point estimates from mixed-effects models for each time point; Shaded areas: 95% Confidence intervals from mixed-effects models. BL: Baseline; 1 wk: 1-week post intervention; 1 mo: 1-month post intervention; 6 mo: 6-month post intervention; 12 mo: 12-

Original Investigation | Occupational Health

## Well-Being Outcomes of Health Care Workers After a 5-Hour Continuing Education Intervention

## The WELL-B Randomized Clinical Trial

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD

## Abstract

**IMPORTANCE** Compromised well-being in health care workers (HCWs) is detrimental to the workforce, organizations, and patients.

**OBJECTIVE** To test the effectiveness of Well-Being Essentials for Learning Life-Balance (WELL-B), a web-based continuing education program to deliver brief, evidence-based, reflective, psychological interventions to improve 4 dimensions of HCW well-being (ie, emotional exhaustion, emotional thriving, emotional recovery, and work-life integration).

**DESIGN, SETTING, PARTICIPANTS** A randomized clinical trial (RCT) of US inpatient and outpatient HCWs randomized 1:1 was conducted from January 3 through May 31, 2023, using a web-based intervention. Cohort 1 received 5 hours of WELL-B over 8 days; cohort 2 acted as the control group and received WELL-B after the end of the RCT. Eligibility criteria were US HCWs aged 18 years or older, including clinical (physician, nurse, and respiratory therapist) and nonclinical (administrative, information technology, and finance) roles.

**INTERVENTIONS** Continuing education sessions exposed participants to positive psychology interventions (gratitude letter, work-life integration, self-compassion and cultivating awe).

## Key Points

**Question** Does a 5-hour web-based continuing education intervention (Well-Being Essentials for Learning Life-Balance [WELL-B]) improve health care worker well-being?

**Findings** In this randomized clinical trial including 643 health care workers, improvements in emotional exhaustion, emotional thriving, emotional recovery, and work-life integration were noted with WELL-B. Favorable impressions of WELL-B were reported by more than 90% of the participants.

**Meaning** The findings of this trial suggest that WELL-B is a brief, evidence-based continuing education intervention that may improve health care worker well-being.

+ Visual Abstract

+ Multimedia

+ Supplemental content

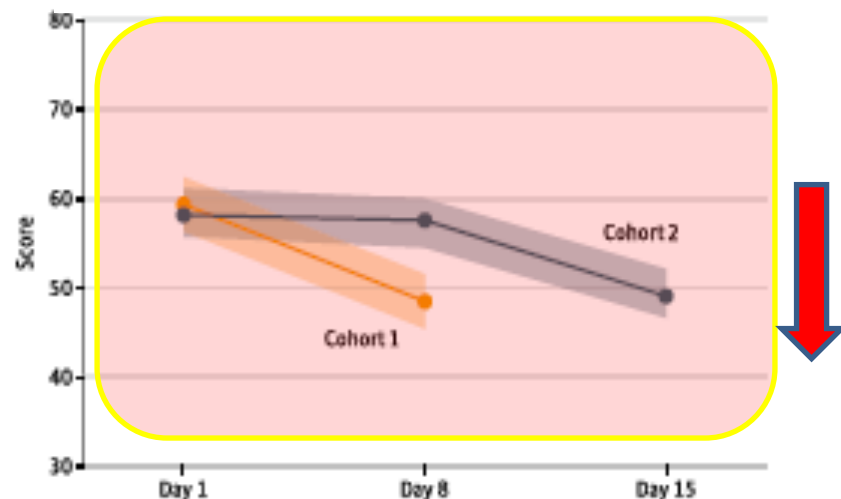
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Table 2. Intervention Effectiveness in Cohort 1 vs Cohort 2 on Day 8<sup>a</sup>

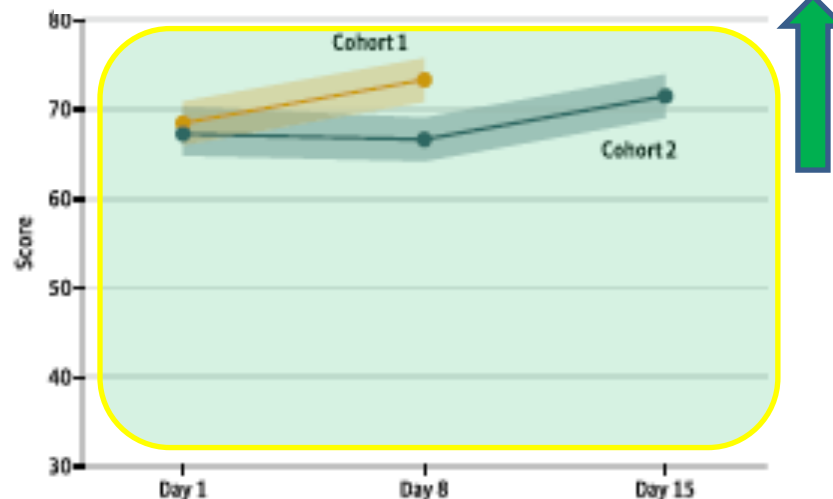
| Outcome               | Estimate (95% CI)    | P value |
|-----------------------|----------------------|---------|
| Emotional exhaustion  | −9.0 (−13.1 to −4.9) | <.001   |
| Emotional thriving    | 6.6 (3.2 to 10.0)    | <.001   |
| Emotional recovery    | 5.5 (2.0 to 9.0)     | .002    |
| Work-life integration | −5.0 (−8.2 to −1.9)  | .002    |

Figure 2. Mean Scores Following Intervention for Days 1, 8, and 15 by Cohort

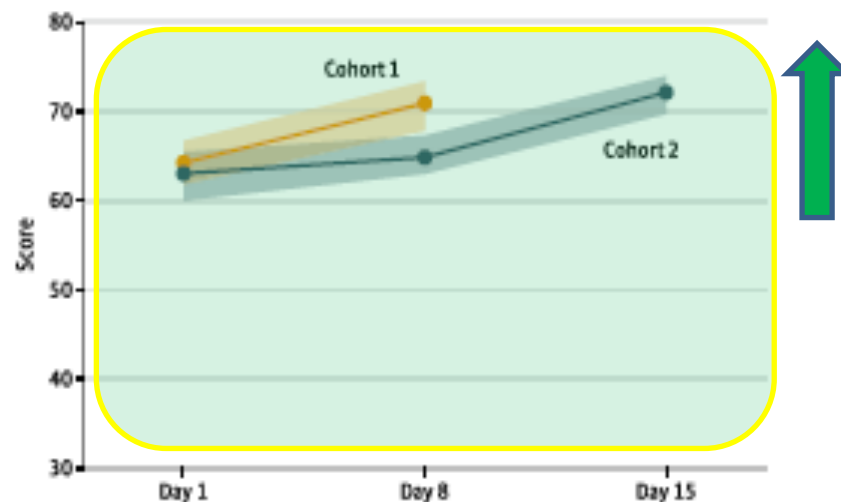
## A Emotional Exhaustion



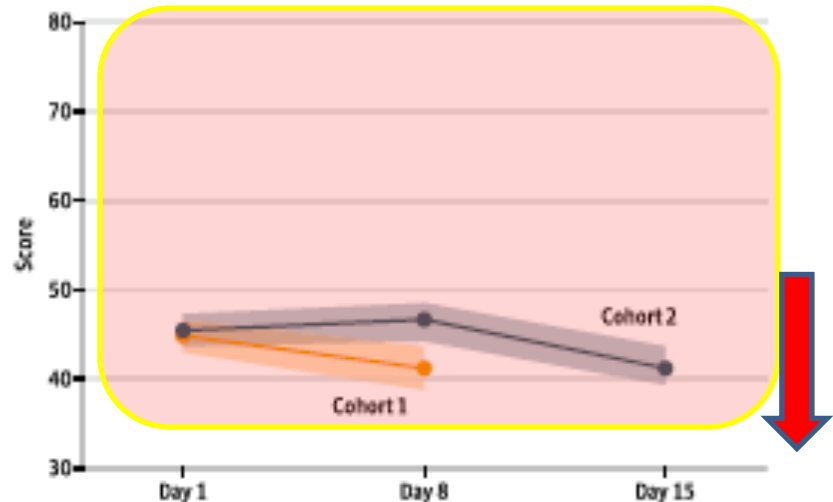
## B Professional Fulfillment



## C Recovery Readiness



## D Problematic Work-life Integration



Scores on 100-point scales. Lines indicate means; shaded areas, 95% CIs.

## Health Care Workers After a 5-Hour Continuing Education

### Clinical Trial

Health care workers (HCWs) is detrimental to the

Well-Being Essentials for Learning Life-Balance (WELL-B), a brief, evidence-based, reflective, psychological well-being (ie, emotional exhaustion, emotional

clinical trial (RCT) of US inpatient and outpatient primary care through May 31, 2023, using a web-based intervention. Cohort 2 acted as the control group. Eligibility criteria were US HCWs aged 18 years or older (physician, nurse practitioner, and nonclinical (administrative,

exposed participants to positive psychology intervention, self-compassion and cultivating awe).

Primary outcome was emotional exhaustion on day 8; secondary outcomes were emotional recovery, and work-life integration. All analyses used the last available data point. Differences in outcome measures between the two groups were assessed using t tests. Baseline-adjusted multiple regression analysis was used to estimate the association between the WELL-B intervention and the outcome measures, adjusting for additional covariates (sex, race and ethnicity, age, HCW role, and discipline, the line of best fit was used for the analysis).

Mostly female (528 [89%]) and nurses (177 [31%]). In cohort 1, 331 participants initiated WELL-B; in cohort 2, 312 participants initiated WELL-B. At baseline, the control cohort, WELL-B significantly reduced emotional exhaustion (estimate: -13.1 to -4.9;  $P < .001$ ), emotional recovery (estimate: 5.5; 95% CI, 2.0-9.0;  $P = .002$ ). After adjusting for additional covariates, the line of best fit was used for the analysis.

### Key Points

**Question** Does a 5-hour web-based continuing education intervention (Well-Being Essentials for Learning Life-Balance [WELL-B]) improve health care worker well-being?

**Findings** In this randomized clinical trial including 643 health care workers, improvements in emotional exhaustion, emotional thriving, emotional recovery, and work-life integration were noted with WELL-B. Favorable impressions of WELL-B were reported by more than 90% of the participants.

**Meaning** The findings of this trial suggest that WELL-B is a brief, evidence-based continuing education intervention that may improve health care worker well-being.

+ Visual Abstract

+ Multimedia

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

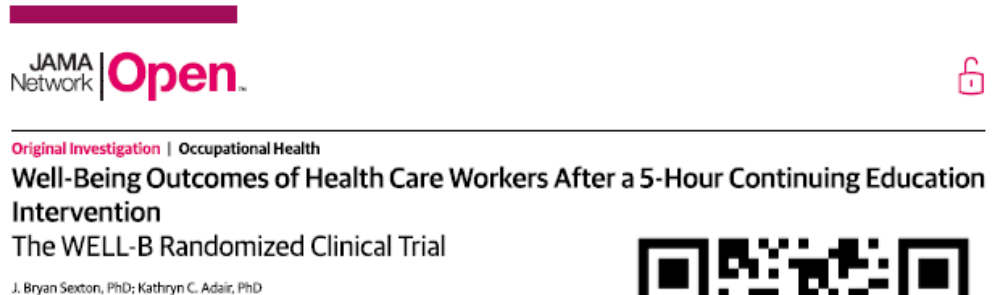


# Interventions integrated into CME/CEUs



EE ↑ 9 pts during pandemic (3 yrs)

RCTs of CME/CEU Interventions  
caused EE ↓ 9 pts (in 8 days)





**Bite-sized through your phone**

# 5 minutes for your well-being

- Brief well-being assessment
- Feedback on your well-being
- Time to use 1 well-being tool

# Well-being Check-In

THIS SHORT ASSESSMENT HELPS YOU UNDERSTAND YOUR CURRENT LEVEL OF EMOTIONAL EXHAUSTION

I feel fatigued when I get up in the morning and have to face another day on the job. \*

Disagree Strongly

Disagree Slightly

Neutral

Agree Slightly

Agree Strongly

I feel burned out from my work. \*

Disagree Strongly

Disagree Slightly

Neutral

Agree Slightly

Agree Strongly

I feel frustrated by my job. \*

Disagree Strongly

Disagree Slightly

Neutral

Agree Slightly

Agree Strongly

I feel I am working too hard on my job. \*

Disagree Strongly

Disagree Slightly

Neutral

Agree Slightly

Agree Strongly

Events at work affect my life in an emotionally unhealthy way. \*

Disagree Strongly

Disagree Slightly

Neutral

Agree Slightly

Agree Strongly

Any other comments on the above responses?

## Your Personal Wellbeing Results

Insights from your assessment, plus tools to support your journey. v1

YOUR RESULT

Emotional Exhaustion

SCORE

90/100

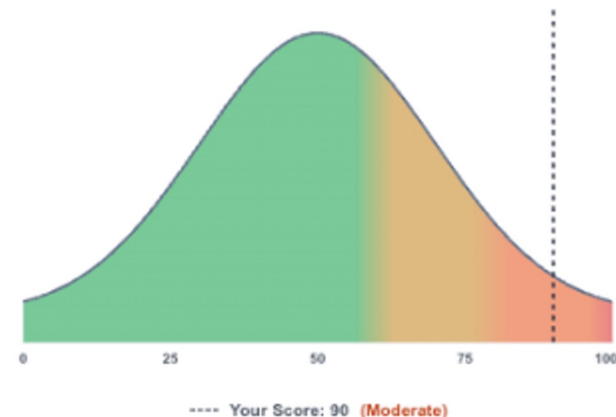


MODERATE

Your score suggests moderate emotional exhaustion (this is very common). Consider using the suggestions below; they are matched to your score.

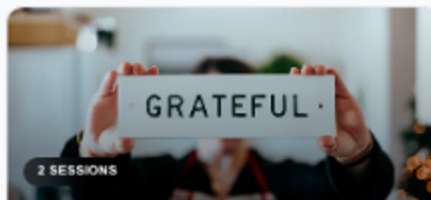
### Score Distribution

Where you fall on the scale



### Recommended Resources

Selected based on your results to support your wellbeing.

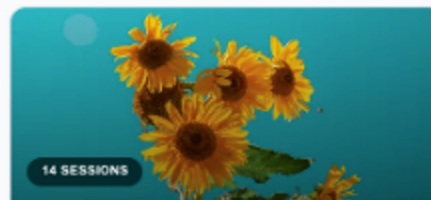


2 SESSIONS

Gratitude Tool (10 min/2 days)

Cultivate gratitude.

Start this program

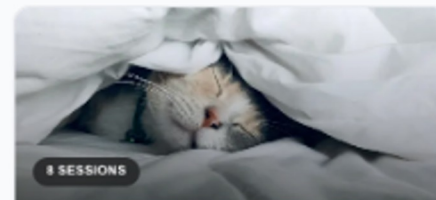


14 SESSIONS

3 Good Things (2 min/14 days)

3 Good Things

Start this program



8 SESSIONS

Sleep Tool (2 min/8 days)

This tool helps you to use evidence-based sleep hygiene tactics to improve your sleep quantity, quality...

Start this program

EMOTIONAL EXHAUSTION LEVELS

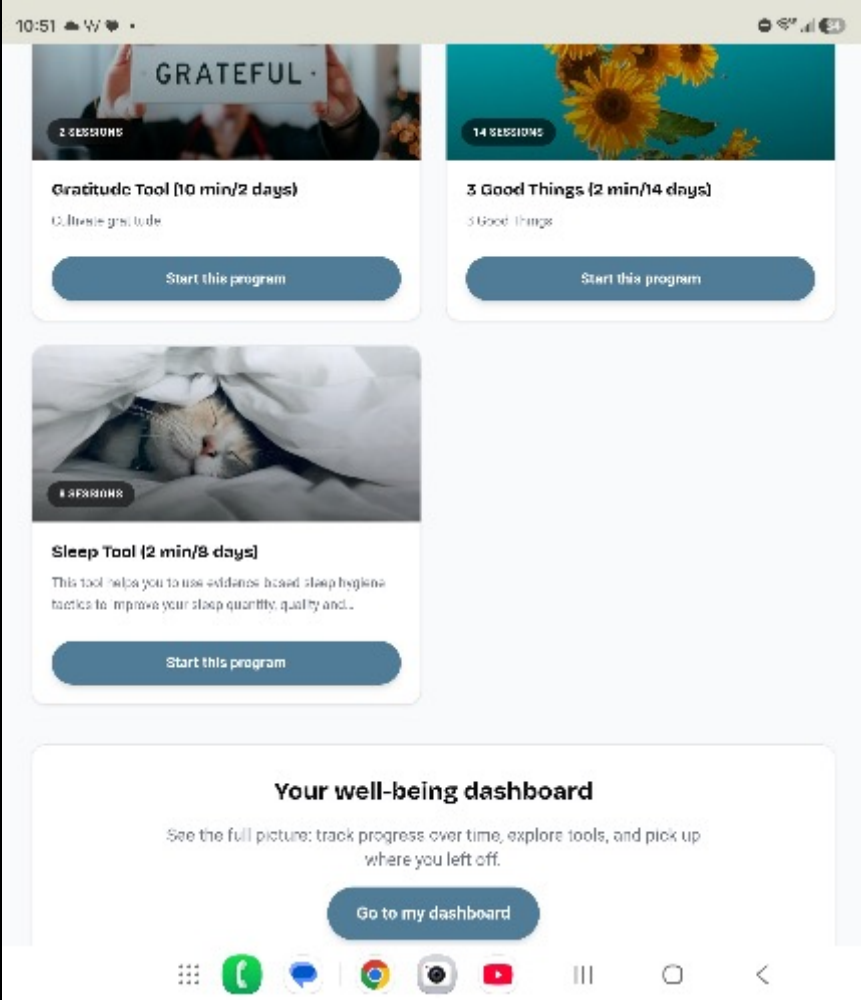
● Not Exhausted (0–59) ● Mild (60–79) ● Moderate (80–99) ● Severe (100–100)

# Houston Methodist JIMI Symposium 2026



Scan the code to get started

# 05:00



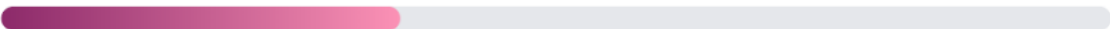
# Good afternoon, John.

Ready for your next session in the 3 Good Things (2 min/14 days)

CURRENT FOCUS

## 3 Good Things (2 min/14 days)

36% Complete



UPCOMING SESSIONS

6

Day 6

7

Day 7

8

Day 8

9

Day 9

LATEST SCORE  
**60**

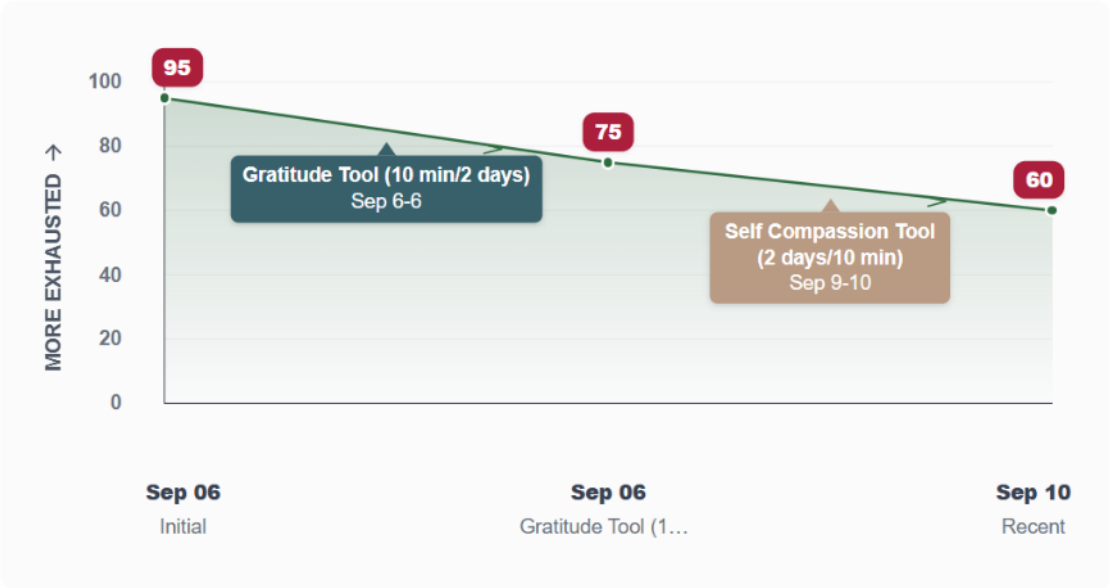
5/14 Sessions

▶ Start Daily Check-in

## Progress

Emotional Exhaustion over time

35 PTS



Available Tools



4 SESSIONS

Good Chat Tool (3 min/4 days)

A 4-day exercise reflecting on meaningful conversations to build connection habits.

☐ I agree to receive recurring automated text messages (session reminders and nudges) from Tynesight at the number provided. Consent is not a condition of enrollment. Msg & data rates may apply. Msg frequency varies. Reply STOP to cancel, HELP for help.

+ Start program



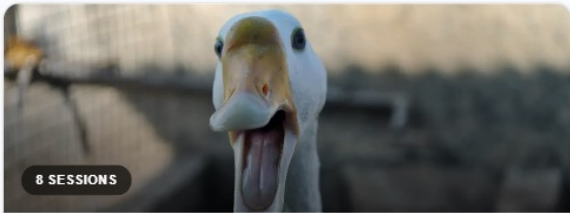
7 SESSIONS

Hope Tool (2 min/7 days)

Cultivate Hope

☐ I agree to receive recurring automated text messages (session reminders and nudges) from Tynesight at the number provided. Consent is not a condition of enrollment. Msg & data rates may apply. Msg frequency varies. Reply STOP to cancel, HELP for help.

+ Start program



8 SESSIONS

Humor Tool (2 min/8 days)

Cultivate humor.

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+ Start program



8 SESSIONS

Kindness Tool (2 min/8 days)

An 8-day exercise noticing and reflecting on acts of kindness to build connection habits.

☐ I agree to receive recurring automated text messages (session reminders and nudges) from Tynesight at the number provided. Consent is not a condition of enrollment. Msg & data rates may apply. Msg frequency varies. Reply STOP to cancel, HELP for help.

+ Start program



8 SESSIONS

Sleep Tool (2 min/8 days)

This tool helps you to use evidence-based sleep hygiene tactics to improve your sleep quantity, quality and consistency

☐ I agree to receive recurring automated text messages (session reminders and nudges) from Tynesight at the number provided. Consent is not a condition of enrollment. Msg & data rates may apply. Msg frequency varies. Reply STOP to cancel, HELP for help.

+ Start program



4 SESSIONS

Work-life Integration (2 min/4 days)

Cultivate work-life integration

☐ I agree to receive recurring automated text messages (session reminders and nudges) from Tynesight at the number provided. Consent is not a condition of enrollment. Msg & data rates may apply. Msg frequency varies. Reply STOP to cancel, HELP for help.

+ Start program

Completed 2



Self Compassion Tool (2 days/1...

Completed Sep 10, 2026

Final 60



Gratitude Tool (10 ...

Completed Sep 6, 2026



-20 pts



**We can retrain our brains to notice the good stuff**  
**RCTs of Bite-sized interventions show efficacy**  
**Well-being is a maturing science – watch this space**

# Duke Monthly Well-Being Webinar Series: [bit.ly/wellbmonthly](https://bit.ly/wellbmonthly)

*—1 bite-sized tool each month, 1 hr cont ed, recorded, with Q&A*

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| <b>JANUARY</b>  | Emotional Exhaustion after a Pandemic: The need for Bite-Sized Well-Being          |
| <b>FEBRUARY</b> | Neuroscience of Hope                                                               |
| <b>MARCH</b>    | Recovery on Purpose: The Science of Sleep with Tips and Tricks                     |
| <b>APRIL</b>    | The Science and Practice of 3 Good Things                                          |
| <b>MAY</b>      | Cultivating Awe & Wonder for Well-being                                            |
| <b>JUNE</b>     | Bite-sized Gratitude for Well-being                                                |
| <b>JULY</b>     | Dealing with Difficult Colleagues: Assessing, Understanding and Improving Teamwork |
| <b>AUGUST</b>   | Grief, Growth or Both?: A Primer on Recovery after Emotional Upheaval              |
| <b>SEPT</b>     | The Funny Thing about Well-being: Evidence for Humor                               |
| <b>OCTOBER</b>  | Evidence-based Sleep Hygiene: Advanced Insights on Rest for the Weary              |
| <b>NOVEMBER</b> | Relationship Well-being: The Science of How Other People Matter                    |
| <b>DECEMBER</b> | Enhancing Well-being: Survival of the Kindest                                      |



# Enduring Resources

*(for Pausing & Reflecting)*



Institutional  
resources

Positive Rounding

2<sup>nd</sup> Victim Support

Leader Well-being Coaching

Leader WalkRounds

Well-being Ambassadors

Monthly Well-being Cont Ed



vecteezy.com

**Individual  
resources**



WELCOME TO  
WELL-B

[caws.dukehealth.org](https://caws.dukehealth.org)



# What questions do you have?

[www.caws.dukehealth.org](http://www.caws.dukehealth.org)