

# Chapter 6

## Prioritizing Well-Being for Healthcare Professionals

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### ABSTRACT

*Many rising issues within the healthcare industry were highlighted due to the COVID-19 pandemic. Burnout among healthcare professionals, increasing rates of lifestyle-related chronic illness, and lack of emphasis on professional self-care have contributed to a continued crisis within healthcare organizations. Numerous organizational and systemic issues have been combined with societal norms to create an unsustainable healthcare system operating on mechanisms of disease management versus of health promotion. This chapter aims to address the factors contributing to the overall health of healthcare professionals and proposed solutions to these issues through an integrative resilience model consisting of lifestyle medicine and positive psychology.*

### INTRODUCTION

Wellness has been defined as the absence of illness and a lifestyle of active prevention from illness, while well-being includes wellness with the addition of positive emotions. The literature has not agreed on an operational definition of these two terms, but Holdsworth (2019) provided the simplified explanation of “wellness has come to mean living well, and wellbeing means living well and enjoying happiness.” Many healthcare professionals, those who are supposed to be keeping individuals and communities healthy, struggle to incorporate basic health habits into their own lives to stay well.

Many rising issues within the healthcare industry became highlighted due to the COVID-19 pandemic. Burnout among healthcare professionals, increasing rates of lifestyle related chronic illness, and lack of emphasis on professional self-care and resilience building strategies during training have contributed to a continued crisis within healthcare organizations. Numerous organizational and systemic issues have been combined with societal norms to create an unsustainable healthcare system (Shanafelt & Noseworthy, 2017). Healthcare professionals are left feeling vastly unfulfilled in the work they conduct due to patient readmissions and relapses. Shorter patient visits, constantly evolving insurance reimbursement models,

DOI: 10.4018/978-1-7998-8813-0.ch006

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and overly prescribed medications treating lifestyle related diseases have shifted our healthcare systems into disease management instead of health promotion (Rippe, 2020).

Within healthcare systems, the Triple Aim was introduced from the Institute for Healthcare Improvement as a method of optimizing health system performance (Lacagnina, 2019). The Triple Aim was based on measures of enhancing patient experience, improving population health, and reducing costs (Merlo & Rippe, 2021). The pervasiveness of these chronic issues within healthcare systems and the decline of healthcare professional well-being led to the creation of the Quadruple Aim in 2014, which included the addition of improving the work life of healthcare professionals to optimize health systems performance (Parkinson, 2018; Merlo & Rippe, 2020). Considering the patient experience is largely influenced by provider well-being, it is imperative to include improving the lives of providers through resources and organizational systems addressing resilience, burnout, and suicide (Lacagnina, 2019).

The recognition of promoting and prioritizing professional self-care has become even more important amongst the global pandemic of COVID-19, and the residual effects of the pandemic will require continued emphasis for mental and emotional wellness efforts to serve healthcare professionals. Effective solutions at both the individual and organizational levels are needed to protect healthcare professionals' psychological and physical well-being (Wald, 2020; Lianov, 2019). In this chapter we will cover an overview of the current state of health among healthcare professionals, the importance of professional self-care within training programs, and the need for total well-being interventions.

The mental health of healthcare professionals is currently in crisis – with the most common concerns reported as chronic and complex stress, low job satisfaction, burnout, compassion fatigue, secondary and vicarious traumatization (Lianov, 2019). Until recently, healthcare professionals were expected to exude an unrealistic tolerance for traumatic events in the workplace and continue to perform their duties without interruption, and the COVID-19 pandemic highlighted the necessity for proper resiliency training for healthcare professionals (Bozdağ & Ergün, 2020). Without proper training and awareness, healthcare professionals may turn to maladaptive coping strategies like substance use, isolation, and suicidal ideation and may experience depression, burnout, and complex trauma (Adikey et al., 2018).

Burnout is characterized by three domains: emotional exhaustion, depersonalization, and low personal accomplishment. In 2022, the World Health Organization's International Classification of Diseases (ICD) 11 will include "burnout" as an occupational syndrome. Although it will not be a medical disorder, this inclusion of burnout further justifies the need for effective interventions for prevention and treatment efforts. The phenomenon of burnout has reached classification as an epidemic due to the prevalence being near or over 50% of US physicians (Shanafelt & Noseworthy, 2017; Patel et al. 2019). Research has demonstrated burnout leads to increased medical errors, decreased patient quality of care and satisfaction scores, and higher rates of turnover and professionals leaving the healthcare industry due to lack of fulfillment in their careers (Shanafelt & Noseworthy, 2017; Lianov, 2019). While research has emphasized physician burnout, similar prevalence of burnout has been suggested in populations of nurses, nurse practitioners, physician assistants, residents, and fellows (Dyrbye et al. 2017).

Organizational contributions to burnout include the current healthcare systems model, disease management over health promotion, and lack of integrating a culture of well-being within the healthcare organizations (Shanafelt & Noseworthy, 2017). Additionally, there is a disconnect between promoting self-care practices throughout training that result in the absence of a foundation of well-being habits for healthcare professionals to support themselves. While the upfront costs of investing in programs to reduce burnout may not result in immediate monetary return of investment, the long-term gains from this investment outweigh the long-term costs.

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