

The Need to Accelerate Evidence-based Strategies to Improve Nurses' Health and Well-being

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN

Vice President for Health Promotion

University Chief Wellness Officer

Dean and Professor, College of Nursing

Professor of Pediatrics and Psychiatry, College of Medicine

Executive Director, Helene Fuld Health Trust National Institute for EBP



THE OHIO STATE UNIVERSITY

In God We Trust, Everyone Else Must Bring Data to the Table!



400

physicians commit
suicide each year, a rate
more than

2X

that of the general
population

Andrew & Brenner, 2015



24%

of ICU nurses tested positive
for symptoms of post-traumatic
stress disorder

Mealer et al., 2007



Physician rates of
depression
remain alarmingly
high at

39%

Shanafelt, 2015

23–31%

Prevalence of emotional
exhaustion among
primary care nurses

Gomez-Urquiza et al, 2016

How can we protect the health of the people who protect our own?



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing

 @theNAMedicine

Self-Care is Necessary for Safe and Great Care of Others



State of Health in Nurses in 2012

Physicians Set Good Health Example Physicians in better health than nurses and employed adult population

by Katie Bass and Kyley McGeeney

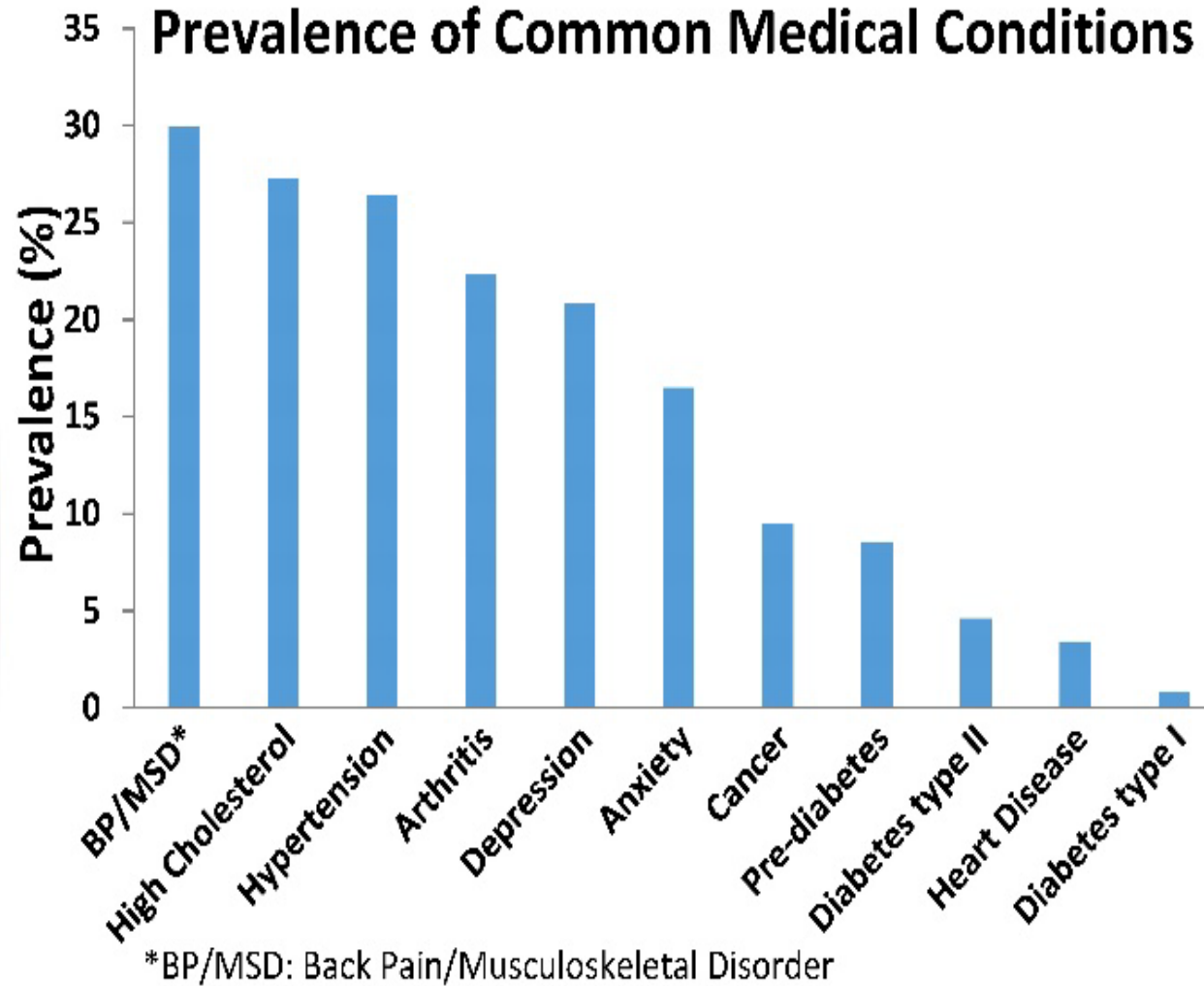
October 3, 2012 see:

<http://www.gallup.com/poll/157859/physicians-set-good-health-example.aspx>

Data based on 1,984 physicians and 7,166 nurses, conducted Jan. 2, 2011 to Aug. 31, 2012.

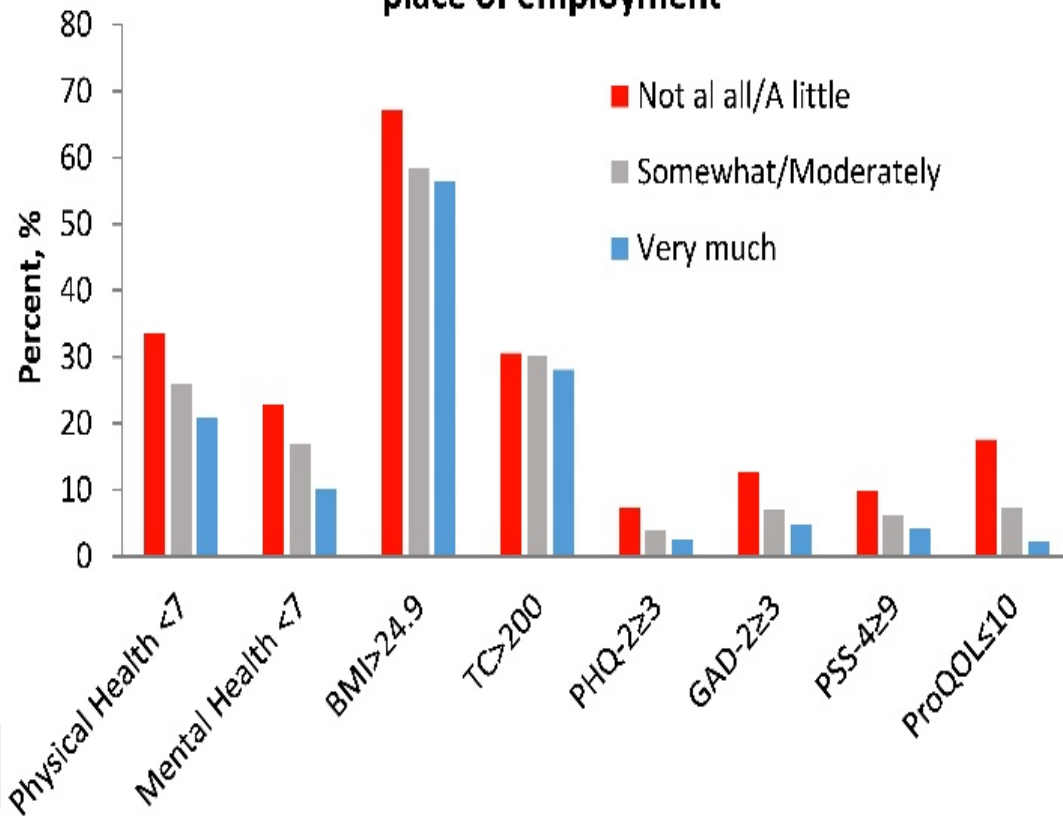
A National Study Links Nurses' Physical and Mental Health to Medical Errors and Perceived Worksite Wellness

Melnyk et al., 2018, *Journal of Occupational and Environmental Medicine*

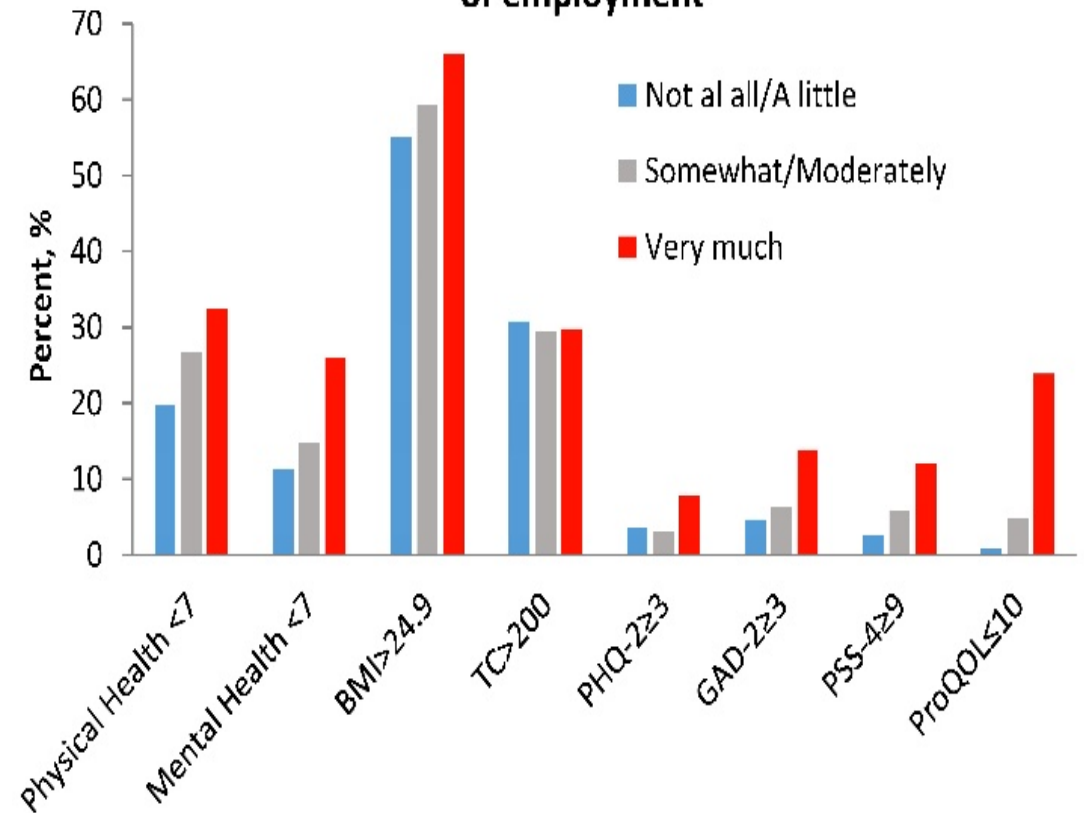


Health Status by Perceived Wellness Support & Stress at Workplace

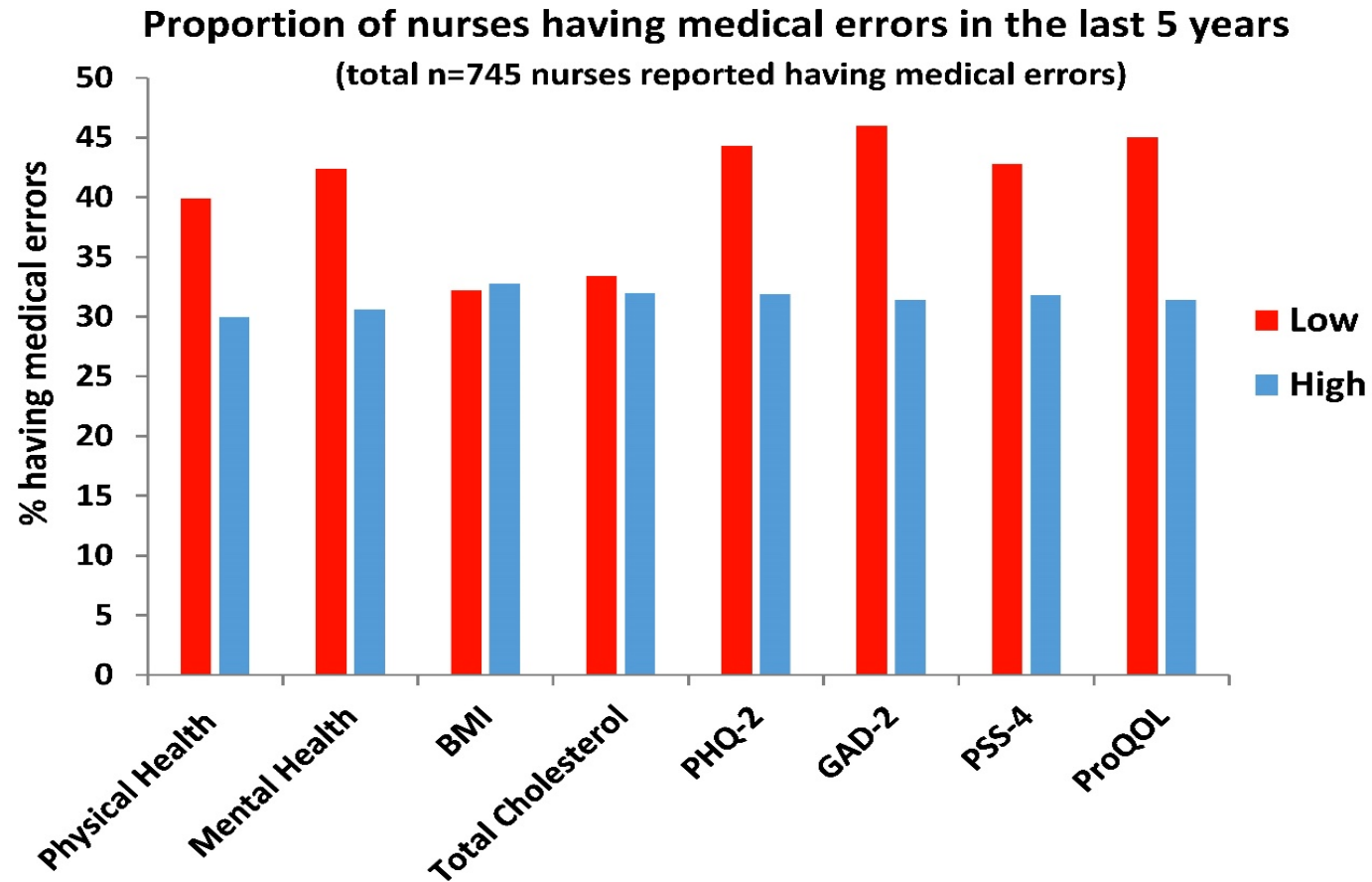
Health Status, by perceived support of wellness at place of employment



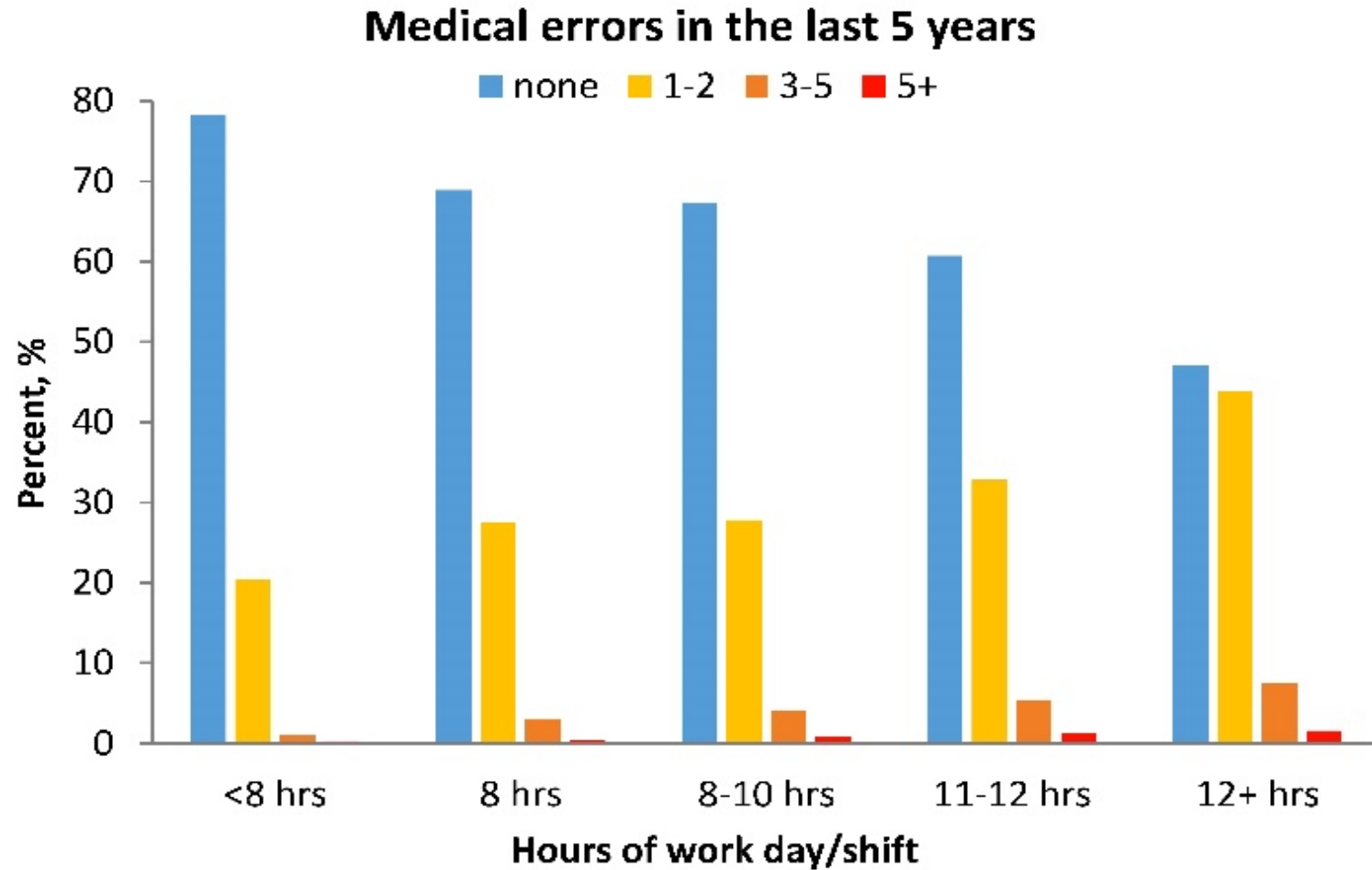
Health Status, by perceived stressfulness at the place of employment



Percent of Nurses with Poor and Good Health with Medical Errors



Errors and Shift Work



Interventions to Improve Mental Health, Well-being, Physical Health and Lifestyle Behaviors in Physicians and Nurses: *A Systematic Review*

Bernadette Mazurek Melnyk, PhD, RN, Stephanie Kelly, PhD, RN

Janna Stephens, PhD, RN, Kerry Dhakal, MAA, MLS

Colleen McGovern, PhD, RN, Sharon Tucker, PhD, RN

Jacqueline Hoying, PhD, RN, Kenya McRae, PhD

Samantha Ault, MS, RN, Beth Spurlock, BSN, RN, and Steven B. Bird, MD



THE OHIO STATE UNIVERSITY



Results

43 Studies Included in the Systematic Review

- RCTs 67% (n=29)
- Quasi-experiments 33% (n=14)
- Control group
 - 14 attention-control, 15 wait-list control, 13 no-attention control, 1 cross-over design
- Sample sizes ranged from 22 to 557
- Length of the interventions = 1.5 to 92 hours



Results

- Focus of studies
 - Mindfulness-based/CBT 40% (n=17)
 - Stress reduction/CBT 26% (n=11)
 - Lifestyle behaviors 28% (n=12)
 - Well-being 7% (n=3)
- Study participants
 - Physicians only 16% (n=7)
 - Nurses only 40% (n=17)
 - Physicians, nurses, and other allied healthcare professionals 44% (n=19)



Results

Trends in outcomes

- Five studies used CBT principles of which 80% had significant findings on the targeted outcomes (e.g., decreases in stress, anxiety, depression)
- Mindfulness worked for stress/anxiety
- Five studies used technology to implement the intervention of which only one study (20%) had significant findings and this study incorporated mindfulness-based cognitive therapy



Trends in Outcomes

- Studies with predominantly significant between group findings had more contact hours with the participants in general although there were a few brief interventions that incorporated deep breathing or gratitude practices with significant outcomes on stress/anxiety
- Studies with predominantly significant outcomes were less likely to have a rating of high risk of bias on the Cochrane Bias Tool versus studies with no significant extracted outcomes

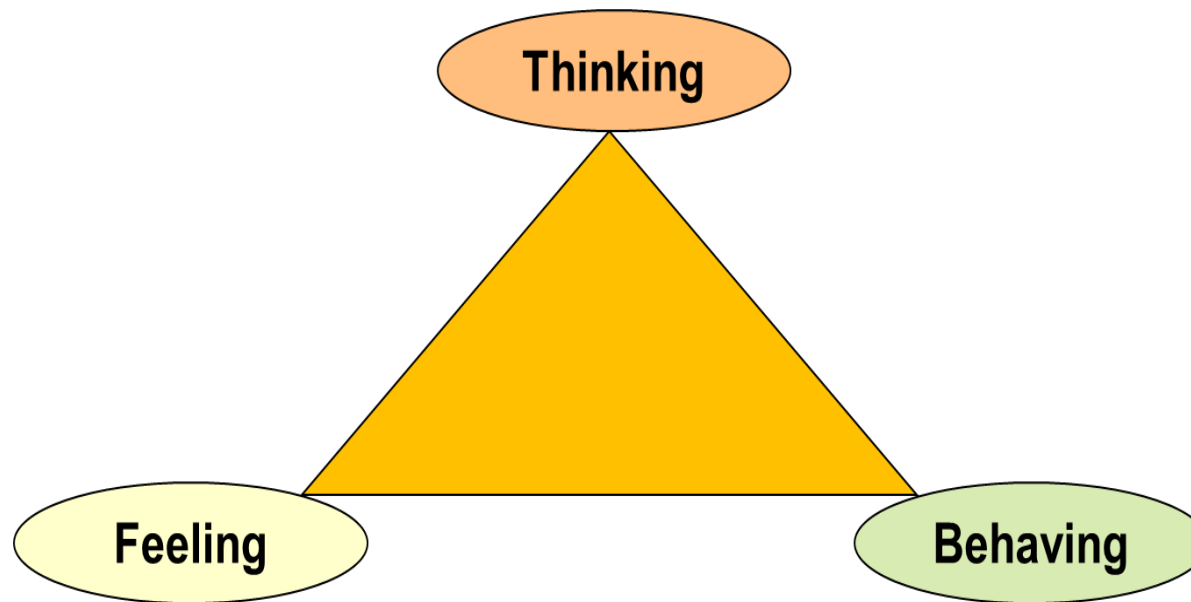
MINDBODYSTRONG (An 8-session cognitive-behavioral skills building program) for New Nurse Residents at Ohio State's Wexner Medical Center: A Randomized Controlled Trial

**In press: *Journal of Nursing Administration*
Sampson, Melnyk & Hoying**



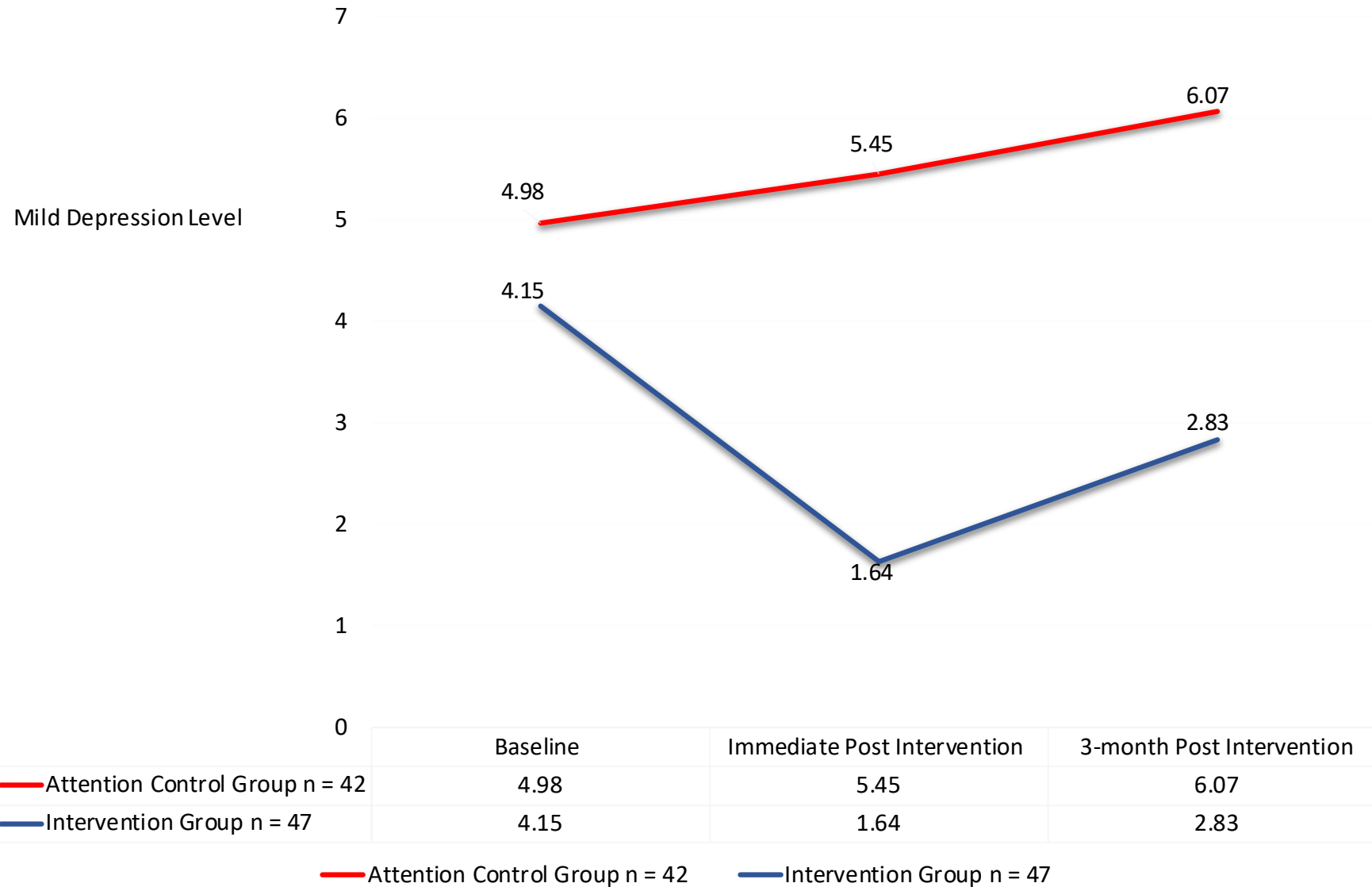
The MINDBODYSTRONG Program (also known as COPE in the literature)

Consists of cognitive restructuring, problem solving and behavioral change to help cope with and PREVENT depression/anxiety



The thinking/feeling/behaving triangle

Depressive Symptoms



Considering all Causes of Morbidity and Mortality, Behaviors are the #1 Killer of Americans



Every day, we make behavioral choices that influence our health and wellness outcomes

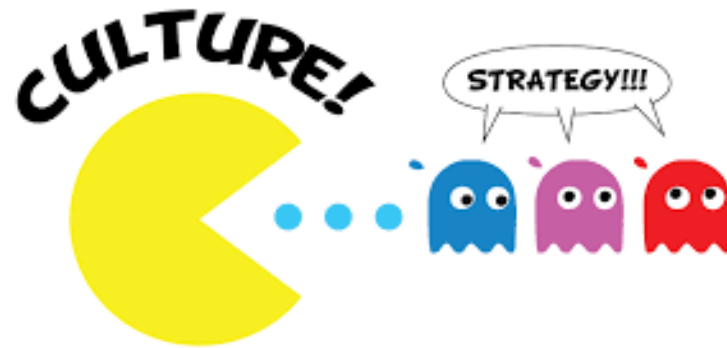


Evidence-based Interventions to Reduce Burnout, Improve Healthy Lifestyle Behaviors, and Optimize Well-being in Clinicians Must be Multi-Component



A Sustainable Culture of Wellness is a Must!

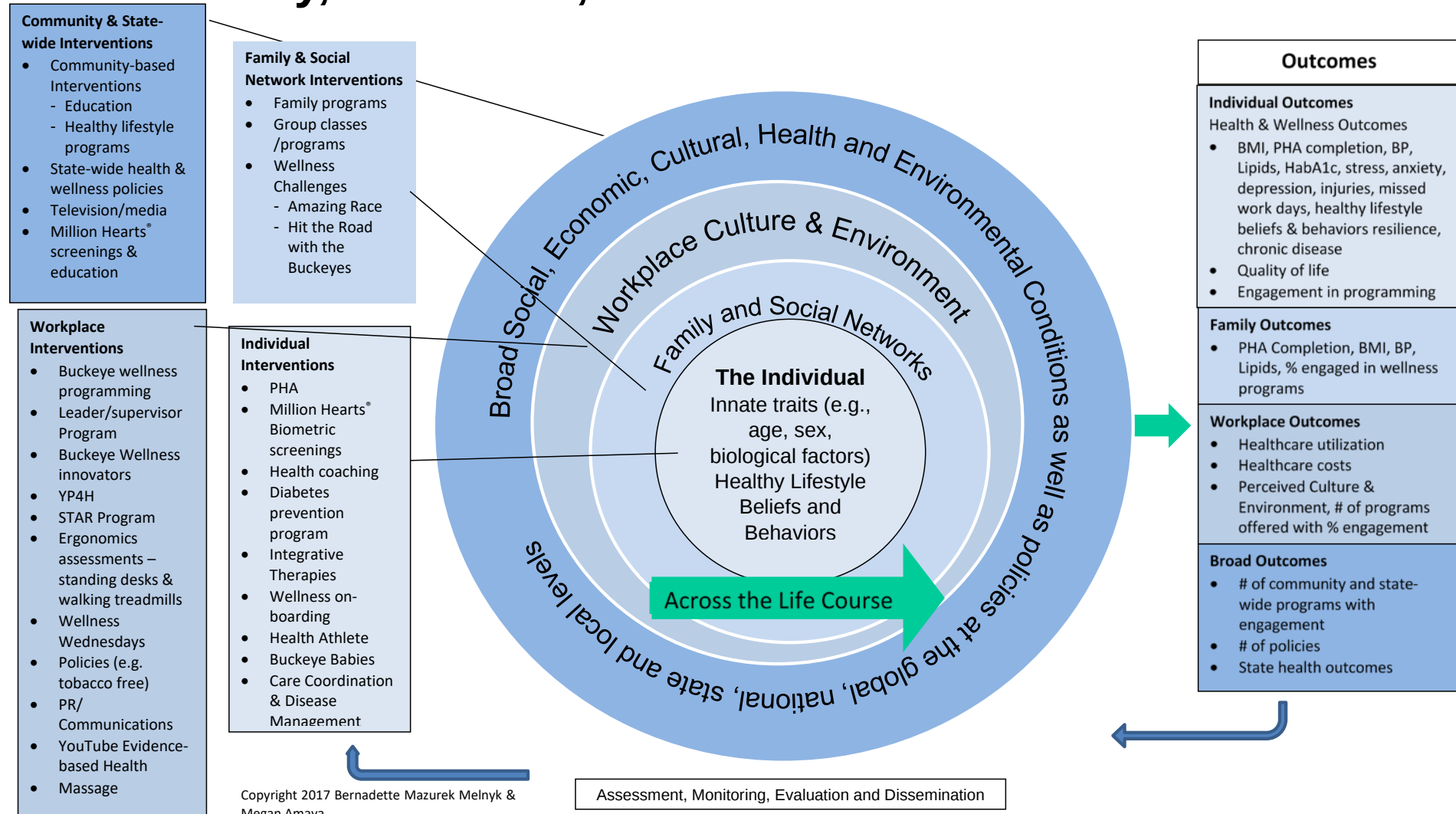
*Remember,
Culture Eats Strategy!*



Individual interventions for clinicians, such as mindfulness and cognitive-behavioral skills building, work best when combined with system and culture level interventions

The Social-Ecological Framework and Life-Course Perspective Guide

Evidence-based Interventions to Achieve Optimal Well-being in Faculty, Clinicians, Staff and Students at Ohio State

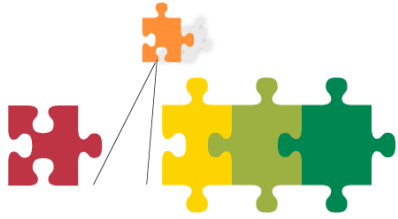


Adapted from: Model to Achieve Healthy People 2020 overarching goals

Source: Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020 (2008, p. 7)

Tracking of Outcomes, including ROI & VOI Determines Impact

- **Culture and Environment of Health and Wellness**
 - o CDC Worksite Scorecard
 - o 11 Item Wellness Culture and Environment Scale (Melnik & Amaya, 2012)
- **Population Lifestyle Behaviors and Health Outcomes**
 - o Lifestyle behaviors (e.g., intake of fruits and vegetables; physical activity)
 - o Prevalence data to show burden of illness
 - o Incidence data to show rate of changes in burden of illness
 - o Mental health data (PHQ and GAD-7)
 - o Biometric Data (e.g., high blood pressure, high cholesterol, BMI)
 - o Engagement in programming
- **Fiscal Health and Value of Investment**
 - o Per member Per Year (PMPY) costs of health insurance plans for faculty, staff and students
 - o YP4H costs
 - o Annual costs of absenteeism, presenteeism, and disability
 - o Excess costs associated with obesity, hypertension, prehypertension, diabetes, pre-diabetes, depression and smoking



Recommendations

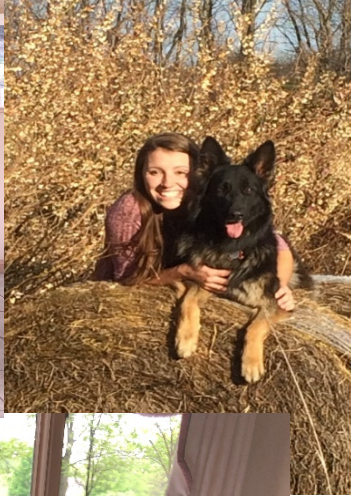
- Funding for rigorous randomized controlled trials with individual and system-level interventions that can be reproduced and easily scaled
- Trials that measure similar outcomes, including cost outcomes, and assess fidelity and dose response
- When we know what works in research, we need to scale interventions quickly to real world clinical settings to improve outcomes
- We need to build wellness cultures and make healthy lifestyle behaviors easy, fun and the norm in healthcare systems across the U.S.

NAM's Action Collaborative on Clinician Well-being



Learn more at nam.edu/ClinicianWellBeing/CaseStudies

My Main Reasons for Engaging in Healthy Lifestyle Behaviors



Contact Information

Copyright, 2019

Bernadette Mazurek Melnyk

614-292-4844

melnyk.15@osu.edu

Follow me on Twitter @bernmelnyk