AMERICAN PSYCHOLOGICAL ASSOCIATION
CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION
Families, Systems, & Health

ISSN: 1091-7527
2024, Vol. 42, No. 3, 299–303
https://doi.org/10.1037/fsh0000926

GUEST EDITORIAL

Effectively Addressing Burnout, Well-Being, and Resilience: Individual, Team, and System Approaches

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In the Summer of 2018, my colleagues Norah Janosy and Emily DeBoer reached out to me (Abbie O. Beacham) to share something unique—an extremely positive clinical team experience that had a profound positive effect on their job satisfaction. They actually looked forward to team days! They felt supported by team members, proud of the work they were doing, and like they were making a difference. This experience inspired us to conduct research to figure out what the "secret sauce" was in hopes of being able to foster similar team experiences that may bolster workforce well-being and resilience.

Through discussing examples of positive experiences, we identified two key ingredients: (a) positive aspects of team affiliation and (b) social support received from colleagues. Of course, we also wondered whether team members had lower levels of burnout and higher work-related well-being. We conducted a local team survey, and then a national survey. Were people on the teams less burned out? No. Were team members higher in work-related well-being? Not really. They weren't healthier or less tired or more engaged than anybody else in health care professions. What was the secret sauce? The people and relationships. Those who participated in the national survey and who were on very similar interprofessional teams noted that they were especially proud of being on the team. Moreover, they felt they could trust and rely on their colleagues (i.e., instrumental social support; Janosy et al., 2023). Different from the emotional support we seek from our colleagues, this kind of social support seemed to occur organically with trust in one another, offering and receiving assistance and pitching in seamlessly as team members to do meaningful and gratifying work.

What is so remarkable about this story? This positive experience was so unique that it was regarded as a "unicorn" worthy of study. The novelty of the positive is the unfortunate part of the work that we do to address burnout and enhance well-being and resilience in the health care workforce. How extraordinary would it be if negative and challenging experiences were the anomaly instead of the positive ones?!?

We, the guest coeditors, are a team comprised of two physicians (Emily DeBoer and Norah Janosy) and two psychologists (Abbie O. Beacham and Megan Call). Over the past 10 years, each one of us has been personally and professionally involved in the study and application of interventions to enhance the well-being among our professional colleagues and learners. We've had the

Editor's Note. This is an introduction to the special section "Effectively Addressing Burnout, Well-being and Resilience." Please see the Table of Contents here: https://psycnet.apa.org/journals/fsh/42/3—JP and RS

Robyn L. Shepardson served as action editor.

Abbie O. Beacham and Megan Call are supported in part by grant funding from the Health Resources and Services Administration of the U.S. Department of Health and Human Services. We thank Robyn Shepardson and Jodi Polaha coeditors of *Families, Systems, & Health* for their endless support of our editorial process and the general operations of the journal while we produced this issue. We further want to express our gratitude for their helpful direction and feedback on this article. The authors have no known conflicts of interest to disclose.

Abbie O. Beacham served as lead for writing–original draft. Megan Call, Norah Janosy, and Emily DeBoer contributed equally to writing–original draft.

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opportunity to collaborate in research with collegial support from one another (A. Beacham et al., 2019; A. O. Beacham et al., 2020; Call et al., 2023; Janosy et al., 2021), which has led to enduring friendships. We speak from both a scholarly and heartfelt place of wanting to make a unique, meaningful, and positive contribution to this work.

More than a decade ago, the Institute of Healthcare Improvement introduced the "Triple Aim" for health care as an aspirational guide to improve population health. It was quickly pointed out that the original three-dimensional aim—improving the health of populations while enhancing the experience of care for individuals and reducing the per capita cost of health care—is virtually impossible without supporting clinician well-being and advancing health equity (i.e., Quintuple Aim; Bodenheimer & Sinsky, 2014; Nundy et al., 2022). Patient outcomes and, ultimately, population health are directly and indirectly affected by burnout, well-being, and resilience among clinicians and workers in myriad health care settings.

In 2022, the U.S. Surgeon General's Office published an Advisory on Building a Thriving Health Workforce entitled "Addressing Health Worker Burnout" (Office of the U.S. Surgeon General, 2022) underscored the depth and breadth of the problem. Widespread efforts to research, understand, and effectively address burnout and well-being in health care systems are ongoing through the support of various organizations including the National Academy of Medicine (2022), Health Resources and Services Administration (2021), and the National Academy of Sciences, Engineering, and Medicine (2019) among others.

In this special section, we aimed to present work that is uniquely pertinent to the mission of *Families, Systems and Health*. While we welcomed work that focused on the study of burnout, well-being, and/or resilience among individual clinicians, we were especially interested in more "upstream" study of these topics among health care teams and systems-level interventions.

In This Special Section

In this special section, we sought to offer the reader a collection of articles showcasing a variety of approaches employed across settings to effectively address burnout, well-being, and resilience in the health care profession's workforce. This special section features studies and models of interventions at all organizational levels: individual, team, and system. These articles highlight some novel topics, populations, and methodologies. Novel topics in this section include the application of a Restorative Justice framework to foster connections and promote healing among groups in health care settings (Yarboi et al., 2024) and the investigation of the effect of growth mindset—both one's own and perceived instructor growth mindset—on medical student well-being while in training (Himmelberger et al., 2024). Another novel study is the report of commonly encountered facilitators and barriers to program implementation across 44 Health Resources and Services Administration grantees implementing evidence-informed strategies to address burnout and improve mental health among the health workforce across various settings and recipients (Dent et al., 2024).

In two articles, the authors sought to evaluate system-level approaches. One article describes quantitative and qualitative components relative to facilitators and barriers to integrating the role of Chief Well-being Officer within the Veterans Health Administration (Schult et al., 2024). Another article, which is especially salient to this journal's readership, examined the degree of primary care integration as it related to job satisfaction and emotional exhaustion among rural medical and behavioral health providers (English et al., 2024).

Two studies illustrate different methodological approaches to examine workforce well-being. Malik et al. (2024) utilized a systematic review approach to assess interventions specifically designed and utilized to support the well-being of health care workers practicing in rural settings. Finally, Reed et al. (2024) applied implementation science to identify strategies to build organizational readiness to create a culture of workforce wellness. Taken together, these seven articles offer different approaches to understanding, not only the effectiveness of interventions but also the commonalities of barriers and facilitators of implementing programs and interventions. It is perhaps the commonalities that provide us with the greatest shared learning in moving this work forward.

Moving Forward

In this section, we were especially interested in studies among historically underrepresented and diverse health care professionals (broadly defined) due to emerging evidence suggesting that some

aspects of employee experience in a health care setting may differ by or be unique to identity. While the articles in the special section did not focus specifically on equity, diversity, and inclusion, we offer a few observations in this domain. First, innovative approaches to working within organizations are vital. For example, Yarboi et al. (2024), present a case of an application of a Restorative Justice approach adopted in response to expressed apathy toward equity, diversity, and inclusion efforts and initiatives at their own organization. This innovative approach—rooted in indigenous practices—is more commonly utilized in criminal justice and education. The authors describe how this approach was applied to foster enhanced connections and relationships and to address difficult issues within their own extremely diverse organization. Second, anecdotally, among those of us who have been involved in research and climate surveys at our own organizations, it is generally understood that those with underrepresented identities may fear being singled out and thus decline to participate. Therefore, actionable information that is truly representative of all members of our workforce is lacking and warrants much more attention. The magnitude of the problem of clinician burnout and well-being is well documented and undeniable (Office of the U.S. Surgeon General, 2022). Despite collective efforts to support projects, programs, and research, the available resources ebb and flow with policy shifts, budget allocation, and public versus private sector access to resources. Additional policy level and organizational support, designated personnel, and funding for these efforts are crucial. Kreitzer et al. (2019) draw from industry to offer creative initiatives thoughtfully and systematically through "design thinking systems approaches" that integrate and test ideas and input from all stakeholders. These approaches address system-based solutions that extend from the end user experience. In health care, for example, end users are not only the patients served, but also the members of the workforce who serve them. Shifting away from top-down policy and process solutions, user-focused solutions address challenges by walking step by step through the user experience. This process develops and tests prototypes until systemic change is effectively implemented. These far-reaching systemic initiatives, when created with intention and adequate support can "be 'hardwired into the organization', thus promoting a higher likelihood of continuing long past the point of initial implementation" (p. 5).

Many of the initiatives we reviewed for this special section targeted one or two disciplines as opposed to more diverse interprofessional team environments. Certainly, the role played by each specific discipline brings its own unique benefit and challenges. Accordingly, we wonder if broader system-wide initiatives have the capacity to "lift all boats." Arguably, health care depends heavily on the most schooled and specialized. Nonetheless, the system fails when it becomes impossible to attract, recruit, and retain a health care workforce that supports patient outcomes at all ports of entry including access to care, appointment, reception, check-in, appointment, procedure/intervention, and beyond. As many of the special section authors illustrate, when multiple user experiences were systematically solicited and responded to, program participants noted that they felt as though they were heard and subsequently more engaged in processes. This finding underscores that systematically employing an interprofessional approach wherein all stakeholders contribute from the provider perspective as one component of a 360° "user experience" can lead to pragmatic problem-solving with both up- and downstream impacts (Kreitzer et al., 2019).

Additionally, as Fleming (2024) alludes, perhaps the most effective and forward-looking approach is not outcome research. Rather, evaluation models of program development and implementation might become considered the gold standard. Many of our research and program initiatives clearly define a rationale for meeting a need. Despite clearly defined rationale and need, many effective programs simply do not flourish. A multitude of barriers are often encountered during implementation thus thwarting even the best of programmatic initiatives. A comprehensive approach to program development and evaluation is called for. One approach that proactively plans for and incorporates—not only meeting needs—but also includes analysis of the most crucial facets of implementation, stakeholder support, delineating serendipitous and unanticipated side effects, iterative just-in-time improvement and adaptation and identification of the very important nuances may assist in achieving up AND downstream effects we seek (A. Beacham et al., 2018; Linfield & Posavac, 2018).

As many of us who do this work are aware, there are conflicting opinions regarding where the focus and resources should be applied. Indeed, during the article review process for

this special section, we observed and engaged in debate regarding the most appropriate focus of interventions, with some still seeing a role for interventions targeting individuals, and others believing resources must be applied toward systems-level solutions to effect lasting change. In a recent large-scale cross-sectional survey study of well-being interventions of over 45,000 workers across more than 200 sites, Fleming (2024) concludes "Disagreement has risen around the effectiveness of individual-level strategies when compared with organisational change, with suggestions that individual-level interventions are just easier to evaluate, misguided if they do not address working conditions, and then take positive change for granted" (p. 167). Indeed, there is evidence that a focus on system-level initiatives and practice redesign may yield the most appreciable and sustainable benefit among health care professionals (West et al., 2018). We do agree that such system change in health care is a prospective and iterative process requiring considerable resources and time. In the meantime, as one of our physician colleagues has noted, the impact of system-level drivers of burnout in health care is "much like a wildfire in high winds—rapidly growing and hard to contain. Accordingly, until the wildfire is contained, would we refuse to give people an inhaler if they have trouble breathing in the smoke?" (J. Reese, personal communication, 2024). Therefore, we contend that addressing these problems is essentially "Yes … AND …." Yes, we should gather our best resources and innovations to intervene at the systems level, and we should continue to support interventions that may help teams and individuals. Therefore, we offer this special section as a compendium designed to further thought and action across all levels of intervention.

One coauthor (Abbie O. Beacham) cannot help but notice the parallel developmental process of this research for those of us who have been involved in integrated models of care since early times. The peaks and valleys of the research and development of how we address the challenge of the health care workforce well-being feels familiar. As a team of coeditors, we were heartened by the enormous response to Megan Call for articles, which suggests a bright future. We hope that this special section achieves an admittedly lofty goal, that this compilation—along with other valuable components of the extant literature—may aid in the field moving toward more "well" systems, teams, and individuals in health care.

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Received July 8, 2024
Accepted July 9, 2024 ■