

A Worksite Wellness Intervention: Improving Happiness, Life Satisfaction, and Gratitude in Health Care Workers

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Abstract

Objective: To assess the effect of a 12-week Stress Management and Resilience Training (SMART) program on happiness, life satisfaction, gratitude, mindfulness, spirituality, and stress in health care workers.

Participants and Methods: Participants were members of an employee wellness center at an academic health care center. Participants were enrolled as cohorts of 12 to 18 individuals and received the intervention at an employee wellness center from February 19, 2013, to February 27, 2017. The study was designed as a prospective, nonrandomized, single-arm clinical trial that included a 3-month in-person SMART program (defined as the intervention), with an additional 3-month postintervention follow-up period (6 months total). Outcomes were assessed at baseline (T0), end of intervention (T3), and after the postintervention follow-up period (T6) and included Subjective Happiness Survey, Satisfaction with Life Scale, Gratitude Scale, Mindful Attention Awareness Scale, Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being, and Perceived Stress Scale.

Results: Of the 110 participants who enrolled and provided consent, 98 participants (89%) completed the T0 and T3 assessments and 85 participants (77%) completed the T0, T3, and T6 assessments. On comparing the T0 and T6 responses, we observed statistically significant improvements ($P < .001$) in all the domains studied: subjective happiness (baseline average, 4.6; T6 average, 5.5; average difference, 0.9; 95% CI, 0.6-1.0), life satisfaction (baseline average, 22.8; T6 average, 27.5; average difference, 4.7; 95% CI, 3.6-5.9); gratitude (baseline average, 35.8; T6 average, 39.3; average difference, 3.5; 95% CI, 2.6-4.5), mindfulness (baseline average, 3.5; T6 average, 4.2; average difference, 0.7; 95% CI, 0.6-0.9), Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being (baseline average, 29.9; T6 average, 37.4; average difference, 7.5; 95% CI, 6.0-9.2), and percentage of people reporting high stress (baseline, 97.6%; T6, 67.1%). Similar results were observed when comparing the T0 and T3 responses.

Conclusion: In health care workers, training in the SMART program was associated with statistically significant improvements in happiness, satisfaction with life, gratitude, mindfulness, spirituality, and stress ($P < .001$). Given the importance of stress in the workplace, larger randomized trials and broader dissemination of the program in health care workers is warranted.

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An expanding body of literature documents a correlation between happiness and positive outcomes for employees and organizations. Happiness is the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful, and worthwhile.¹

A meta-analysis of more than 200 studies involving 275,000 people worldwide concluded

that happiness is associated with success in multiple domains, including health, longevity, relationships, sociability, creativity, energy levels, engagement, work presenteeism, and performance.^{2,3} Exceptional work performance by happy employees extends beyond their job description tasks to benefit co-workers and the organization.⁴ This behavior, called "organizational citizenship behavior,"



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encompasses traits such as conscientiousness, emotional self-regulation, altruism, cooperation, making constructive suggestions, developing oneself, and spreading goodwill.^{5,6} Furthermore, positive emotions, such as happiness, improve an individual's ability to adapt to change, build resources, and rebound from adversity and stress.^{7,8}

Despite the research on happiness in the general population, no published studies have assessed the potential role happiness plays in enhancing positive functioning among health care workers. In contrast to examining happiness in health care workers, extensive studies have concentrated on distressed physicians or nurses. These studies on physician and nurse wellness associate high stress levels with depression,⁹ divorce,^{10,11} substance abuse,⁹ and burnout.^{12,13} Research shows that burnout impairs the health care system, generating career dissatisfaction,¹⁴ employee turnover,^{15,16} increase in medical errors,^{17,18} decrease in the quality of care, and low patient satisfaction.¹⁹⁻²¹ Furthermore, research shows that stress is problematic in medical school students^{22,23} and spouses¹¹ of those employed in health care.

Previous interventions for health care workers have focused on reducing burnout in physicians through a team-based incentivized exercise program,²⁴ mindfulness training,²⁵ facilitated physician small-group curriculum,^{26,27} cognitive-behavioral therapy,²⁸ and organizational improvements addressing physician concerns (ie, communication, workflow, quality improvement projects).²⁹ Nevertheless, innovative solutions to decrease stress and burnout are needed to improve scalability and reach a broader population.

Enhancing happiness appears to be one such solution. Although it has been well documented that stress is prevalent in health care workers,³⁰ there is a gap in literature on how happiness can potentially impact health care workers, especially in the area of stress reduction. Previous research suggests that a person's happiness depends on the integration of 3 factors: (1) 50% genetic inheritance, (2) 10% life circumstances, and (3) 40% intentional choices.³

Because intentional choices have been shown to account for 40% of a person's level of happiness, an innovative approach to

improve intentionality might enhance both happiness and other well-being measures. One such approach, Stress Management and Resilience Training (SMART), was developed at our academic health care center to improve the intentional choices people make in their lives. In previous research, SMART has shown efficacy for enhancing resilience, improving quality of life, and decreasing stress among physicians,^{31,32} nurses,³³ and patients with breast cancer.^{34,35} The potential impact that SMART may have on happiness has not been examined, and specifically how SMART may impact happiness among health care workers. This study examined the efficacy of SMART as a worksite wellness intervention to improve happiness and well-being in health care workers.

PATIENTS AND METHODS

The study was approved by the institutional research review board, and participants provided written informed consent. The participants were members of an employee wellness center at an academic health care center and self-selected to attend SMART. Participants were enrolled as cohorts of 12 to 18 individuals; 10 sequential cohorts received the intervention from February 19, 2013, to February 27, 2017. Participants were employees (70%), spouses or same-sex domestic partners (17%), volunteers (6%), retirees (5%), and students (2%). Students included residents, fellows, allied health students, and medical school students, all of whom were involved in health care activities. Volunteers needed to be active in providing ongoing services to patients, and retirees had careers in the health care setting.

Study Measures

Study questionnaires were completed at baseline (T0), at the end of the final SMART session (T3), and after a 3-month postintervention follow-up period (T6). Participants unable or unwilling to attend an in-person follow-up session were contacted to complete the surveys through e-mail. Similar to previous studies, participants were defined as a "program completer" if they attended at least 75% (9 of the 12) of the sessions.³⁶ Participants who did not attend at least 9 sessions and/or did not complete the T3 questionnaires

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