

EDITORIAL

The Wellbeing of the Workforce—In Healthcare and Beyond

工作场所保健—医疗保健及其他

El bienestar del personal: en la asistencia sanitaria y más allá

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An op-ed published last year in *The New York Times* titled “Why You Hate Work” highlighted Gallup Poll data that revealed that only 30% of employees in the United States and 13% across 142 countries feel engaged at work.¹ Noting the high rate of burn-

out, the authors declared that for most of us, work is a depleting, dispiriting experience that is getting worse.

Within healthcare, stress and burnout are very significant issues. Burnout, characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment,² is associated with early retirement, alcohol use, and suicidal ideation.³⁻⁴ A 2014 survey found that 68% of family physicians and 73% of internists would not choose the same specialty if they could start their careers anew.⁵ While the rate of burnout in nursing is not as high as that in medicine, it is still significant. McHugh et al found that 34% of hospital nurses and 37% of nursing home nurses report burnout.⁶

As the healthcare field scrambles to respond to patient needs and fiscal realities, the concept of the “triple aim”⁷ has been introduced as way to optimize performance. The focus of the triple aim is on improving the health of the population, improving patient experience, and reducing costs. Bodenheimer and Sinsky have proposed that the triple aim be expanded to a quadruple aim by adding the goal of improving the work life of healthcare providers, including clinicians and staff members.⁸ Their point: Care of the patient requires care of the provider. They make a strong case that burnout among members of the healthcare workforce threatens patient care and further that organizations should be focusing on the wellbeing of the care team.

In this issue, Dr Ben Kligler et al in their article “Interprofessional Competencies in Integrative Primary Care” describe a new initiative supported by the Health Resources and Services Administration (HRSA) that focuses on developing a core set of integrative healthcare competencies and educational programs that will span the interprofessional primary care training and practice spectra and hopefully become required content within primary care education.⁹ In recognition of the importance of provider wellbeing, 1 of the 10 competencies addresses the importance of health professionals engaging in personal behaviors and self-care

practices that promote optimal health and wellbeing. This is a very bold and provocative idea! Consider how education and practice environments would be changed if self-care and promotion of health and wellbeing among healthcare professionals became the norm rather than the exception.

Susan Bauer-Wu, PhD, RN, FAAN, a professor at the University of Virginia School of Nursing, and the school’s dean, Dr Dorrie Fontaine, are leading a campus-wide effort focused on clinician wellbeing. Their article on the Compassionate Care Initiative (CCI) describes a comprehensive program that is guided by 4 central concepts: resilience, mindfulness, interprofessional collaboration and healthy work environment.¹⁰ Students, faculty members, and community clinicians are engaged in educational offerings, and compassionate care ambassadors serve as role models and champions in their respective settings. The guiding vision, which is totally aligned with the quadruple aim, is to have a resilient healthcare workforce with happy and healthy nurses, physicians, and other professionals who work together in high-functioning clinical teams where heart and humanity are valued and embodied. The CCI has sponsored an educational and public media series titled “Resilient Nurses” that aired on National Public Radio. You can access the six 30-minute audio programs on the *Global Advances in Health and Medicine* website (www.gahmj.com).

Interprofessional education and practice is also reflected this month in articles by Fricton et al on educating clinicians and consumers about chronic pain through a massive open online course (MOOC),¹¹ Delagran et al on an online learning intervention to teach evidence-based practice, and Steer et al on the science of “One Health.”¹² Compelling articles, all.

Also addressed in this issue is chronic pain. See the case series by Martha Brown Menard, PhD, LMT, on use of therapeutic massage on pain sensation.¹³ These articles offer a glimpse into the complex and challenging issue of chronic pain, which will be further addressed in our September issue, which corresponds with National Pain Awareness Month.

Additionally, Adi Haramati, PhD, from Georgetown University, Washington, DC, wrote a guest editorial this month titled “Resilience, Empathy, and Wellbeing in the Health Professions: An Educational Imperative.”¹⁴ Dr Haramati, the director of the Center for Innovation and Leadership in Education (CENTILE), is hosting the International



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Conference to Promote Resilience, Empathy, and Well-Being in Health Professions: An Interprofessional Forum, October 18-21, 2015. Several of the members of the *Global Advances in Health and Medicine* team will be present and look forward to seeing you there. We are always eager to connect with you personally and failing that, would love to hear from you—so don't hesitate to catch us at a meeting or send us an email. We greatly appreciate your feedback and support.



To view or download the full-text article, visit: www.gahmj.com/doi/full/10.7453/gahmj.2015.082

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Dear Editor:

I would like to make a correction to our article, "Medication-free Alternatives for Long-term Maintenance of Bipolar Disorder: A Case Series," which appeared in the March 2015 issue of *Global Advances in Health and Medicine* (*Global Adv Health Med*. 2015;4(2):53-60).

In the bottom right column of page 58, there is a sentence that reads, "In recent literature, most reports concerned the effectiveness of a multivitamin and herbal supplement blend (EMPowerplus) and were funded by the manufacturer," citing reference 54, "Rucklidge JJ, Kaplan BJ. Broad-spectrum micronutrient formulas for the treatment of psychiatric symptoms: a systematic review. *Expert Rev Neurother*. 2013;13(1):49-73."

The sentence should read as follows: "In recent literature, most reports concerned the effectiveness of a multivitamin, mineral, and herbal supplement blend (EMPowerplus) were *not* funded by the manufacturer" (same citation).

With respect,
Michael I. Gurevich, MD

ERRATUM

In the first article summary of "Scanning the Global Literature" on page 61 of the July 2015 issue, "The Professional Role of Massage Therapists in Patient Care in Canadian Urban Hospitals," there was a statement that read, "Massage therapy is used by many Canadians for general wellness as well as specific health conditions and is recognized as a regulated health profession in 5 of the 10 provinces of Canada." This is in fact incorrect. Massage therapy is recognized as a self-regulated health profession in 4 of the 10 provinces/3 territories of Canada. It is a self-regulated health profession in British Columbia, Ontario, New Brunswick, and Newfoundland/Labrador. *Global Advances in Health and Medicine* regrets the error.