

Courageous Healthcare has been developing knowledge and methods for improving healthcare professional wellbeing since its inception in 2011. Several years prior to the establishment of Courageous Healthcare as a Dun & Bradstreet registered S-Corp, the leadership of Courageous Healthcare was deeply involved in developing measures, methods and theoretical underpinnings for wellbeing self-assessments and for better engaging the healthcare workforce. These efforts have focused on empowering the nursing workforce, improving performance on patient safety and care quality, and advancing the wellbeing of healthcare professionals.

The President of Courageous Healthcare led a research and development process for Adventist Health System (AHSS) with the aim of working on solutions to physician burnout. After an extensive review of the literature, an expert panel process lasting more than a year, and several pilot studies, the AHSS team fielded the Physician Wellbeing Self-Assessment Tool (PWSAT). PWSAT is specifically designed not to measure burnout—but to measure wellbeing—and to foster mindfulness about attitudes and practices that a given individual might adopt or amplify to manage or mitigate the stressors that could eventually lead toward burnout. Subsequently, versions were developed, tested and used for medical students, nurses and general populations. PWSAT and its derivative versions have since been used as part of interventions to improve health care professional wellbeing for 10 different health systems, medical schools and medical groups.

There is a copious volume of research on burnout prevalence and contributors to burnout thanks chiefly to many of those associated with the National Academy of Medicine's Action Collaborative on Physician Well-Being and Resilience. And this research has raised up a clarion call, highlighted and bolded and underlined the problem and identified a wide array of possible contributors.

Yet, we acknowledge that the field of burnout and wellbeing research remains underdeveloped. Most importantly, there remain critical questions about what should be done in response to the burnout crisis. For example, if burnout is the malady, and we know that burnout results from an accumulation of unmitigated stressors, how does one refer to the active steps taken to manage or mitigate those stressors? That is, if burnout is the clinical problem, and it results from accumulated and unmanaged stressors, what are the preventive steps? We maintain that wellbeing, rather than being merely the absence of burnout, is an active state of mindfulness about attitudes and practices that one may adopt and employ to better manage stressors. Wellbeing so defined becomes an overarching and useful construct about prevention, distinct from burnout syndrome.

Here are other unanswered questions:

- Which preventive steps—practices of wellbeing—are most effective?
- Can wellbeing plans become individualized?
- What is our best understanding of the staging of burnout, an essential feature in the treatment of any medical malady?
- How do we recognize when to refer someone for acute burnout care or depression?
- How is burnout best disentangled from depression diagnosis?

Courageous Healthcare commits to continue advancing knowledge on wellbeing through research, education, and interventional studies. We warmly welcome collaboration with members of the Action Collaborative.