

It's OK to not be OK: Building well-being in your health care culture

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Five years ago, well-being at South Dakota-based Sanford Health looked different. Each specialty, market and hospital established their own well-being solutions to meet their individual needs. While these were good ideas, they were not the systemic solutions needed to improve well-being across the entire health system. Instead, well-being needs to be built into the health system's culture.

"We have been really concentrating on how we can make those efforts systematic in a way that we have an enterprise approach to the topic and to the philosophy of well-being, but still allow our markets and our hospitals to still do things locally, depending on their needs," Luis Garcia, MD, president of Sanford Health Clinic, said during a recent AMA webinar, "Building well-being into culture ."

Sanford Health is a physician-led health system headquartered in Sioux Falls, South Dakota. The organization includes 46 hospitals, 1,400 physicians and more than 200 Good Samaritan Society senior care locations in 26 states and 10 countries.

Along with resiliency groups, training, orientation, mentorship and holding daily briefings during COVID-19, here are some ways Sanford Health continues to build a culture of well-being.

Deliberately change your philosophy

"Our overall philosophy around well-being starts with what we are calling the lifespan of engagement and employment," said Dr. Garcia. "Located in the rural setting, it is most important that we always have the ability to recruit and retain clinicians in all our medical centers.

"Because of that, we need to pay attention to the experience that our clinicians have when they practice in Sanford," he added.

“We have really deliberately changed our philosophy to be much more purposeful on focusing on our intent to have our clinicians enjoy their practice,” said AMA member Heather Spies, MD, medical director of clinician experience at Sanford Health. “We want to make sure people are treated as human beings first and as clinicians second.”

Read about six practices to support organizational resiliency and physician well-being.

Don't think of it as an expense

While many well-being “initiatives can be deployed with minimal resources, to truly create the cultural change that generates the higher level initiatives requires an organizational structure,” said Dr. Garcia. “Some administrators and some systems see this as an expense—we don't see it as an expense.”

This has been a shift in culture “from looking at it as an expense to really looking at it as an investment in our people,” he said. “If we walk that talk, we create the structure and the programs that support that the most important thing is our people.”

Discover how much physician burnout is costing your organization.

Provide confidential counseling for all

“The clinician assistance program is something that we've had at Sanford Health for quite a while, but recently we've really tried to strengthen it and make it robust,” said Dr. Spies, adding that it provides “confidential counseling that is off the record” and available to everyone in the health system.

Multiple sessions are available “per incident of what might be a stressor to them at the time,” she said. “When COVID-19 surfaced, we went from two to 12 clinicians who were local within our enterprise to help provide that support.”

Amid COVID-19 strain on physicians, here are five steps to build peer support.

It's OK to not be OK

“We learned more than ever in 2020 ... that we need to promote the culture that it's OK to not be OK,” said Dr. Spies. “Ten years ago, 20 years ago, it was very much a part of the culture of being a physician ... to not show that you were stressed or not show that you were drowning at times.”

“We know that that is not sustainable, that is not healthy, and that is not the best for caring for our patients and for each other,” she said. “It’s OK not to be OK is really what we need to be messaging to our colleagues, and then supporting them and giving them resources to get back to where they want to be.”

Create a succession plan

“We know that the clinicians who are in the leadership positions today aren't going to work forever,” said Aaste Campbell, director of clinician experience at Sanford Health. “What is our succession plan? How do we continue to be a strong physician-led organization in the exit interview process?”

“One thing that's also very important to us is, for the clinicians who do decide to leave Sanford, what is the reasoning behind their leaving?” said Campbell. “Are there things that we could have done different to retain them?”

“Every clinician that resigns from Sanford is offered an exit interview,” she said. “First, they meet with the chief medical officer at each market and then they meet with our compliance office. Any issues that may rise up from there are elevated and any physician issues of that are elevated as well to Dr. Garcia.”

Learn more from the AMA’s emerging topics for health care systems webinar series, which focuses on physician well-being, practice redesign and implementing telehealth during COVID-19.