

4 strategies chief wellness officers use to change medicine's culture

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Prior to the COVID-19 pandemic, there were calls from the AMA and others for system-level interventions to improve the well-being of physicians and other health professionals. Some health systems even adopted the role of a chief wellness officer (CWO) to identify and address physician burnout and improve the well-being of the workforce.

COVID-19's impact, of course, only sheds harsher light on the system drivers of burnout amid supply shortages and the continuing stressors of pandemic of the unvaccinated. But those health systems with CWOs at the helm were able to adapt their plans to address workforce well-being, taking proactive steps to respond to the needs of a workforce in crisis.

At the American Conference on Physician Health 2021 in Scottsdale, Arizona, a panel of chief wellness officers shared information about the role of a CWO, the impact of the pandemic and how to change the culture that feeds burnout.

The panelists were:

- Jennifer Berliner, MD, a cardiologist at the University of Pittsburgh Medical Center (UPMC) and co-chair of Physician Thrive, which is UPMC's physician well-being program.
- Kirk J. Brower, MD, a psychiatrist and faculty director of the new Michigan Medicine Wellness Office at the University of Michigan Medical School.
- Kristine Olson, MD, MSc, a med-peds physician at Yale New Haven Hospital and assistant clinical professor at Yale School of Medicine.
- Jonathan Ripp, MD, MPH, professor of medicine, medical education, and geriatrics and palliative medicine and Dean for Well-Being and Resilience at the Icahn School of Medicine at Mount Sinai in New York City.

These CWOs outlined four essentials to improving physician well-being amid the continuing pandemic.

Know intrinsic motivation of people

The high-level strategy is to ensure that physicians are feeling seen, heard, valued, developed, engaged and empowered. It's also about feeling in control, calm, connected and like they belong and believe, said Dr. Olson, an AMA member.

“We talk a lot about [the] servant-transformational style of leadership. That means really knowing the intrinsic motivation of people, getting their buy-in, having two-way communication,” said Dr. Olson. This also includes making sure teams understand what it means to work as a team, “how we create psychological safety, hold each other accountable, keep each other motivated and have clear goal alignment.”

Engage physicians and leadership

Another top approach is engagement, which means “making sure leadership—both executive leadership and physician leadership—are engaged in this work,” said Dr. Berliner, noting “that's been the biggest and most important strategy.”

Beyond that, it is about “creating an infrastructure for this change, so once the leaders are engaged and involved, they need to make sure that the work is including everyone,” she said. “And the only way to do that is to have representation from all for us.”

Include well-being in decisions

It is vital that well-being is “represented at all decision-making tables,” said Dr. Brower. “For example, let's say it's a clinical leadership meeting. We know that the quality and safety of patient care will be represented. We know that the patient experience will be represented. We know that finances and legal will be represented.

“And that group can easily make decisions without regard to the well-being of the organization or its individuals, so our job is to have representation at those tables,” he added. “Sometimes finance is going to win, but at least we can say, ‘If you do this, think about the effects on well-being.’”

Look at leadership and communication

“The two main elements that we think about as it relates to trying to promote a culture of well-being really is about leadership and communications,” said Dr. Ripp. “We’re focused on trying to reach as many of the critical leaders as possible to make them aware of how their behavior impacts the well-being of the workforce.”

Communication, he added, “is really a central element of culture change.”

“The way in which we were able to identify what the information needs were of the community [in crisis] and then answer those needs with communications was critical,” said Dr. Ripp.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face.

By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.