

## Q&A: This CWO was inspired by family to make well-being a priority

JAN 27, 2022

**Sara Berg, MS**

Senior News Writer

---

AMA member Kristine Olson, MD, MSc, remembers her mom always telling her to “leave a room better than how you found it.” While her mother meant picking up your shoes and tidying up the newspapers, Dr. Olson took the advice further in her professional work. She was, moreover, inspired by her grandmother, who also advocated for work-life well-being issues.

Beyond that, when Dr. Olson joined the Peace Corps as a volunteer in post-apartheid Namibia, she met resilient people and recognized what governments and organizations can do to support thriving, flourishing people.



AMA member Kristine Olson, MD, MSc

That experience inspired Dr. Olson, a med-peds trained physician at Yale New Haven Hospital and assistant clinical professor at Yale School of Medicine, to focus on physician burnout and well-being. In early 2016, Yale rolled out their first burnout assessments and assembled a clinician wellness council of representatives from throughout the health system. At the onset of the pandemic in March 2020, she was named the chief wellness officer (CWO) for Yale New Haven Hospital.

In a recent interview, Dr. Olson discussed joining the Peace Corps, her role as CWO and her plans for the year.

**AMA:** You've talked about physician burnout being an early indicator of health system dysfunction. What do you mean by that?

**Dr. Olson:** I call it a leading indicator because the lagging indicators would be when people start physically or psychologically checking out of the organization or medicine, or—tragically—life. Lagging indicators would also be errors, poor patient experience or lack of access to services due to lack of physicians.

Burnout and well-being metrics give medical professionals an opportunity to indicate what is not working for them. For example, where are their pain points in practice that make it difficult to accomplish their mission effectively and efficiently, and to be in service to their patients in delivering that high quality result that makes them proud of their work. We measure those stressors in the culture, practice, resilience and work-life balance.

For example, in response to a high burnout score, a department might explain it as being related to the acquisition of a new hospital as they absorbed the patient volume, or the extra time on the road driving to the new clinics.

Another example: the wellness report may say that the EHR is the sole stressor driving high burnout for one section. When asked, that section might explain it as being related to the in-basket task load due to patient questions and requests from the call center or the lack of clinic rooms to accommodate more in person clinic encounters, so managing through messages and call-backs with limited team-based share-the-care order-entry resulting in significant work after normal clinic hours and difficulty maintaining work-life balance.

Advocating for solutions may involve engaging multiple organizational stakeholders, such as the chief medical information officers, clinical redesign, care signature, pharmacists, telehealth or others.

Fortunately, Yale New Haven Hospital's organizational stakeholders are always interested and willing to take on these challenges, even when their responsibilities also include keeping up with the latest mandates and regulatory changes, which they increasingly do with wellness in mind. While I wish that I could clone them to eliminate burnout faster, I am grateful knowing that they always keep us at the

cutting edge of any advances in health service delivery.

The surveys and conversations about the results can help restore a sense of control to remedy stressors. When people don't have a sense of control, it can create a lot of frustration, which can lead to burnout and other lagging indicators.

**AMA:** Did you measure burnout (PDF) before the pandemic?

**Dr. Olson:** We measured burnout at the end of 2018. Due to COVID-19, the last survey was measured after the first wave in 2020. The overall burnout rate did not change dramatically. We saw improvements in many areas. However, you could see that those on the front lines were affected by the pandemic. Some had been managing high volumes of very sick patients for a long period of time.

We did see an overall rise in our quality leadership scores. I think the medical staff was pleased with how Yale New Haven Health managed the pandemic, even though it was a difficult time. We are just north of New York City.

Throughout the pandemic, we used the Yale Stress Self-Assessment tool to monitor stress levels over time across the system. Among other things, it did reveal high levels of exhaustion for the entire health care work force.

**AMA:** What did you see with burnout related to the rapid uptake of telehealth?

**Dr. Olson:** A majority of physicians are using—or have used—telehealth, 90% for the very first time since the pandemic. Yale New Haven Health went from about 300 telehealth visits per year to over half a million in less than a year, according to our director of telehealth, Scott Sussman, MD, with whom we did a study.

Without much formal training, 85% of physicians found no difficulty transitioning to telehealth, which was significantly correlated with professional fulfillment and less burnout. Not surprisingly, the hospital-based specialties, hospitalists and intensive care were among the least likely to use telehealth and also among those who expressed the most difficulty transitioning to telehealth. Emergency medicine did not use telehealth.

Of those who used telehealth during the pandemic, most thought it was adequate for their patient encounters and able to accommodate the same number of patients. Of the features we examined, the features most highly correlated with professional fulfillment were call center support, scheduling assistance, virtual rooming support, IT support, integration in the EHR, ability to care for all patients without excluding any populations, and the ability to add more people to the visit. The physicians most satisfied with telehealth were pediatric specialists and neurologists-psychiatrists. Those who were less satisfied were general pediatricians, surgeons and procedure-based specialties.

**AMA:** Have you experienced any hits on your own well-being while being CWO?

**Dr. Olson:** Experience is a good teacher. I've had to use all of my resiliency 'know how' to stay the course to bring a program to fruition in collaboration with multiple stakeholders. I have had to grow as a leader and a person. Yale New Haven Hospital is the second largest hospital in the United States and the teaching hospital of Yale School of Medicine.

It makes me proud when other women in medicine recognize my appointment as an accomplishment by and for women, it was motivating. When you begin this journey, you don't realize how long it will take and how all-consuming it will be. In the process, you have to be cognizant not to neglect any part of your own well-being, or you wind up learning resilience lessons the hard way.

For example, I thought self-sacrifice was a virtue and I didn't want to let anybody down. I would sacrifice my exercise, my sleep, my recreation with family and friends, so I could do more work to eradicate burnout in medicine. Ironic. Even if you love what you do, you can't go the distance doing that long-term. Eventually it catches up with you.

You only have one body that must last your entire lifetime and be ready for anything you want to do, and you need your family and friends by your side. You don't want to look up from work one day and realize it is gone, you've missed it all. Having a resiliency framework and being very deliberate about practicing a resilient lifestyle has definitely helped me accomplish things that I never dreamt possible, and it has helped me correct course when needed. It has helped me know myself better. I look for the lessons in struggles. I do my best. I try not to judge myself too harshly. It is not easy, but worth it.

**AMA:** What does 2022 look like for your role as CWO and for the health system?

**Dr. Olson:** Overall, I am very optimistic about work-life well-being in medicine as the sustainability and well-being of the health care system depends on it. Everything that improves physician work-life well-being also improves health system performance. It is a win-win.

In 2022 we will continue to gather the wisdom of the physicians to further improve the performance of the health care system so they can be professionally fulfilled and maintain work-life balance. In light of the challenges of a global pandemic, we will continue to improve our systems of support.