

Q&A: Slow and steady wins the race on physician well-being

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When a recruiter contacted neurologist and well-being leader Jennifer Bickel, MD, in 2020 with an amazing job description for the role of chief wellness officer (CWO) at Moffitt Cancer Center in Tampa, Florida, she had no intention of leaving her position at the time. But the job description—assembled after careful study by Moffitt’s Dörte Heimbeck, PhD—was so well written that Dr. Bickel was hooked.

She started exploring the position and learned the description was written by Heimbeck, who would become her associate chief wellness officer.



Moffitt Cancer Center Chief Wellness Officer Jennifer Bickel, MD

“The idea was always that there was a physician in the leadership role of the chief wellness officer, but we had seen in other organizations strong partnerships with PhD-level prepared psychologists or other disciplines to really team up in this dyad,” explained Heimbeck.

“People are suffering now. Health care workers are facing a crisis that we have never faced before,” said Dr. Bickel. “There is no doubt that urgent action is needed but we can’t do that at the cost of long-term strategy.”

Together they would set out to help Moffitt Cancer Center reduce physician burnout, which is a critical component of the AMA Recovery Plan for America’s Physicians.

And with far too many American physicians experiencing burnout, the AMA has resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

In an interview, Dr. Bickel—who also chairs the American Academy of Neurology Wellness Subcommittee and part of the National Academy of Medicine Action Collaborative—discussed how slow and steady wins the race, and the impact of the AMA’s help in improving well-being.

AMA: What was your first step as CWO for Moffitt?

Dr. Bickel: Too often people jump for fixes—which are superficial responses to deep problems—and they do it based on their own desire and need to make a difference as soon as possible.

Building well-being programs that nobody uses doesn’t make an impact. And this is where it was amazing to have the support that I had. Our executive vice president that I report to was very adamant and he said, “I want you to do nothing but observe right up front. Too many people come in and try to change things that they don’t understand.”

That was so alleviating to know that because demonstrating the value of a chief wellness officer can be incredibly difficult. To have the courage to show up and say I should just watch for a little while could have been ill-regarded, but instead it was incredibly well regarded.

One of the first steps was really starting to meet people. My role is within our medical group leadership, but it also applies to the entire organization. So, as all chief wellness officers have a little bit of a different scope, mine is organizationwide. What it means is yes, I met with all the chairs of our departments, but I also met with compliance. I met with the people in charge of enterprise equity. I met with our leaders in human resources and, most recently, payer strategies, government relations, process excellence.

So often in the chief wellness officer role we preach to the choir and what this was really about was building relationships and a mutual understanding with leaders across the organization because I want nothing less than cultural change.

If you can get leaders within the organization to think about well-being just as much as they think about finances, just as much as they think about space, then that’s how you can actually get these systems to self-correct. It’s a longer process, but I’ve got 20 years of career left.

AMA: Does your well-being work extend beyond physicians to all health professionals at Moffitt?

Dr. Bickel: We will never just focus on physicians, but we will also make sure that we never do the same thing for everyone no matter what. Whenever we think of a project, we try to be very intentional of: Does this apply to everybody? Is this something that we partner with our colleagues in HR on and spread out to everybody? A good example of that is how we’re trying to tailor our employee-assistance program to better suit our organization. That’s an everybody approach.

But then when I think of our physicians and advanced practice providers, that's when we did the AMA well-being survey (PDF). That's because our engagement survey gives us really great information for most of our people, but we've never had that sort of specific information that we needed for our clinical providers. That's a perfect example of how that was a very tailored approach.

As with our appreciation assessment, I've spent 300–400 hours talking one-on-one with people with burnout and a pervasive sense of not feeling valued is often associated with burnout.

AMA: What do you do with that information about not feeling valued?

Dr. Bickel: It is, culturally, kind of appropriate to point out how you don't feel valued. Yet when you ask people how they want to feel valued or how they feel valued, that becomes a more uncomfortable conversation. People will defer to how they're paid or things like that.

Building upon the foundation of other projects—such as the five languages of appreciation, where it talks about what you can do to show appreciation—it didn't quite match up, though, to what I've heard so much from physicians and others. So, we developed 28 items in which people ranked low, medium and high on how it impacted their sense of feeling valued. We gave those results to all of the faculty chairs for their departments because appreciation assessments and initiatives are tied to leader goals.

AMA: How do you get that buy-in and make sure everyone knew you weren't trying to overstep boundaries and take over their job?

Dr. Bickel: There was already this great foundation of prioritizing people. I'd seen the burnout rates and I'd seen that this wasn't a scream for help. The burnout rates were in decent shape. I mention that because sometimes chief wellness officer roles are created as a superficial attempt at a dumpster fire.

So, part of it is getting buy-in, but a lot of it is actually understanding what we're talking about, meaning as a chief wellness officer I actually don't control anybody's wellness. You can't totally control somebody else's well-being, but we can optimize the opportunity for well-being. We can operate in a way in which well-being is more likely to occur than less likely to occur.

Those are the ways that we talk about it because sometimes it becomes this either-or of: Well, if only half the group is burned out, then it can't be the environment because half of them are not burned out. So, part of it has been getting to know people, in building that trust, and people understanding that I'm not going to try to make them the enemy—and really understanding where they're coming from. And then also, really, that shared understanding that we're not going to polarize the solution to burnout by being that it's either all the executives' fault or all the individuals' fault.

AMA: What initiatives have you have implemented at Moffitt?

Dr. Bickel: Every organization is different in what it already has and what the gaps are. ... There's some of the stuff that has to be tailored, but some things can be taken off the shelf. One of those examples was Schwartz Rounds. Moffitt didn't have Schwartz Rounds going at the time and we weren't a member of it. That was one of those things that we were able to start moving on within a quick amount of time.

The other thing was because of the work that had already been done ahead of time, we were able to move forward with the Joy in Medicine™ Health System Recognition Program. Within the first six months, we had applied for the program, signed the contract with Schwartz Rounds, conducted our first well-being survey, and started professional coaching for well-being and a peer support program.

Some of the other things were restructuring the wellness infrastructure. We really made some changes to what we referred to as the Moffitt Medical Group Wellness Advisory Committee. We opened it up to be more diverse and to go through an application process. One thing that we did in the applications was that people had to sign an attestation that they're willing to approach problems with a sense of curiosity and collaboration—not blame and judgment. We also oversee the wellness consortium—which includes leadership across the organization and meets regularly—and developed a wellness committee for the Moffitt Research Institute.

Wellness committees too often become where you go to complain. I'm not expecting anyone to be Pollyanna, but I am expecting us to come forward with not just identifying problems but identifying solutions that don't involve "someone else just needs to stop being stupid." Then we also ask people to sign an attestation that they're willing to follow national models such as the ones put out by the AMA Joy in Medicine Recognition Program and the National Academy of Medicine's Action Collaborative.

AMA: What have you found about intent to leave at Moffitt?

Dr. Bickel: Sometimes it can feel like everybody's leaving, and then other times it can feel like everything's fine. The burnout survey helped us to establish a little bit more about what was fact versus fiction a little bit more, by bringing in some data and helping to explain that it is not 100% our EHR, but that there are multiple drivers and multiple factors.

Typically, we've had pretty low turnover rates—about 5%—and one of the things is that our intent to leave, if it remains unresolved, would show that our turnover rates are going to start to increase. So, we're able to use this, then, when we're with other leaders talking about the importance of this, and talking about this as a retainment strategy.

We've had lower than average turnover rates but, for the first time, it would put us more at average or above average as we're moving forward. It's part of what helps to be able to get the buy-in. We are currently extrapolating intent to leave data and crunching numbers with the business department to predict what the financial and patient access impact would be should our rates increase.

AMA: How do you take the burnout survey and figure out what works and what doesn't work?

Dr. Bickel: Part of it is sharing the language with people and helping them to understand what it means.

This year, one of the things that we did is we had a 58% response rate from MDs and APPs. Before the survey even began, we went ahead and set up an hourlong meeting with every department leader and administrator asking them to invite which other leaders they wanted to have.

Dorte put together departmental level data for everybody, and we met with them and went over their data, what it meant, and then also went over the appreciation. We kept getting feedback from them that the appreciation element made it feel active to them. For example, one of the appreciation items was "colleagues giving me positive feedback about my clinical skills." That's something they can act on.

"Transparent efforts to reduce the frustrations of my day," that's something that we can act on. And what was fascinating was that pathologists, who aren't typically patient-facing, over 80% of them highly valued getting patient comments back.

AMA: Do you have any tips for others working to improve well-being or take on the CWO role?

Dr. Bickel: Not to come in it with a sense that you're going to find the enemy that you will squash and make things better. Too often people think that there's somebody on the other side of the curtain who is making evil decisions that has to be changed.

The truth is that anybody can charge ahead for a perceived quick win, but that's not going to be what changes well-being. What is actually going to make a difference is taking the time for a mutual understanding and shared values about what this means and allowing those relationships, allowing the cynicism in the room, allowing those things to happen. That's how we change culture. That's how our current state becomes unbelievable in 20 years.

It's not going to be the quick wins, no matter how satisfying those might feel right away. Wellness leaders—in addition to having an inner compass and a determination to continue to move forward—have to constantly practice empathy and curiosity for everybody who is coming to the table because if the chief wellness officer is not doing that, then who in the organization is?