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Making The Case For The Chief Wellness Officer In America's Health Systems: A Call To Action

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Patient care is being compromised by **increasing rates of burnout** among America's clinicians, involving not only physicians, but also nurses, advanced practice providers, and other healthcare workers. Burnout can lead, in some cases, **to tragic and even fatal consequences** for both clinicians and patients. Because burnout affects the majority of clinicians and suicidal ideation is more common in health professional trainees and **practicing physicians** than the general public, there is an urgent need for structured and systematic improvements to improve the work life and well-being of our nation's clinicians.

In the past two decades, healthcare has seen the establishment of chief safety and quality officers (CQO) to improve quality of care for patients, and chief information and technology officers (CIO) to manage growing

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data and electronic health requirements. To successfully develop and lead a robust program designed to improve the well-being of clinicians, it should also be the standard to have a designated and empowered senior leader overseeing clinician well-being efforts on behalf of an organization. This individual should facilitate system-wide changes, including the implementation of evidence-based interventions that enable clinicians to effectively practice in a culture that prioritizes and promotes their well-being. This leader - a Chief Wellness Officer (CWO) – would have the authority, budget, staff, and mandate to implement an ambitious agenda, and reside within the executive team alongside the analogous CIO and CQO.

The appointment of a CWO symbolically and practically establishes well-being on a level of importance equal to that of quality, informatics, and data in the sustainability and success of an organization. Executive leadership support for the position provides legitimacy, financial support, and a platform for executive collaboration. While programs proven to promote well-being may exist in disparate areas of the health system, it is now time to elevate, scale and centralize these activities. The CWO is and will be a

central and senior advocate to prioritize, protect, and promote the well-being of all clinicians with the authority and ability to significantly influence culture.

The Imperative For Health Care Organizations To Address Clinician Well-Being And Resilience At The Executive Leadership Level

Health systems can no longer afford to ignore what has become a major public health issue - it has become a moral imperative. Healthcare delivery is currently being buffeted by numerous disruptive forces that are creating an unprecedented amount of stress for clinicians. This includes documentation requirements, maintenance of certification, toxic workplace cultures, and high workloads, among [other factors](#). Culture shifts are necessary to support environments where clinicians can thrive, recognizing that clinician well-being is essential to achieve the [goals of the triple aim](#). There is mounting evidence that [certain interventions can decrease burnout and depression](#) and enhance optimal well-being. However, unless there is a concerted focus on clinician well-being from the executive level, dramatic changes will not occur.

Aside from the moral imperative of establishing a wellness officer, it makes financial sense to invest in clinician well-being. There is a strong business case emerging that illustrates how burnout and depression among clinicians results in enormous costs to the health system. Burnout and depression have been linked to [increased medical errors, reduced quality of care, patient dissatisfaction, reduced productivity](#), and perhaps most costly, [staff turnover](#). Findings from cost analyses indicate that, for every dollar invested in wellness, [there is a \\$3 to \\$6 return on investment](#). While we acknowledge that establishing a CWO is not a cure-all, the CWO would support programs to enhance clinician well-being and therefore lower costs over the long term.

The Unique Role Of Chief Wellness Officer In Promoting Clinician Well-Being And Resilience

For an institution to successfully address clinician well-being, it must elevate the level of importance placed on the issue and charge a leader with the task of taking it on directly, similar to the way in which a CQO tackles quality issues. A CWO should serve

as a strategist, leader, and change agent in driving system-level transformation to a culture of well-being. Several decades of research on how to best disseminate, implement, and sustain innovations in healthcare, such as evidence-based practice and continuous quality improvement, demonstrate the key role of executive leadership in these endeavors. Executive leadership contributes to the organization's culture and sets its climate, strategy, and priorities. It is vital that executive leadership includes someone to consistently and prudently embed well-being at the center of all programming.

In direct terms, it is important to highlight the ranging scope of responsibilities and size of the community served by CWOs (*Figure 1*). A CWO in one system might be asked to measure and track well-being and support actions of local improvement efforts; another CWO may be charged with implementing large system-level changes leading to practice transformation. At all times, the CWO's function must extend beyond raising awareness to having the responsibility of improving the health and well-being of clinicians. A key role is cultivating a culture of well-being that benefits everyone,

including patients.

Reports to

Senior Leadership (CEO, President, or Dean)

Minimum Requirements

Resources, including team members, to (i) implement and evaluate evidence-based interventions at the individual, group and system level; and (ii) ensures implementation and continuous feedback.

Coordinates with other executive leaders (e.g. CQO) to ensure well-being is prioritized and integrated into executive leadership activities.

Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.

Specific Responsibilities

- Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians,
- Implements effective evidence-based individual-level interventions, group-level interventions and system-wide interventions.
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture
- Pursues/advances well-being research efforts where appropriate,
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services,
- Creates a culture of wellness to improve organizational health and well-being at the system level,
- Conducts evidence-based quality improvement efforts that support clinician well-being,
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being.

Caption: Chief Wellness Officer: Potential Requirements and Responsibilities

Source: Original to the Authors

Ideally, the establishment of a CWO would have significant impact on organizational culture, organizational success, and, most importantly, patient outcomes. The CWO would be expected to work closely with other institutional stakeholders and executive leadership to help drive culture shifts and improve accountability of health system leadership on well-being. For instance, a CWO, the chief human resources officer, CIO and other executives should work together - not separately - to address system-level drivers of burnout. These activities are a

natural complement to one another.

The return on investment for well-being programming has been established in a number of [methodologically rigorous studies](#). There are known effects on productivity, quality, and reduced malpractice cases and turnover, but documenting the effect of a new CWO would take time and may be difficult to observe in the short term. However, early successes can be observed. At The Ohio State University, for instance, tracking claims of clinicians [indicate reductions in employee health care utilization](#) and improved health and well-being outcomes for employees, which was attributed to a strong wellness culture and programming [overseen by a CWO](#). In addition to establishing a culture rooted in well-being, a CWO's responsibilities should also include identifying and reducing administrative burdens to enhance well-being.

Conclusion And Call To Action

Current efforts to promote the well-being of clinicians are not impactful enough to make a substantive difference in health system wellness, even though such endeavors could ultimately benefit clinicians, patients, and the bottom line. Establishing an appropriately

resourced executive leadership position in the form of a CWO is not only an important signal to clinicians that their wellbeing is vital to their organization, but will also elevate programming and institutional focus, increase financing, and ensure a coordinated organizational approach to wellness culture. It's time to prioritize and tackle clinician burnout head-on; an institutional CWO serves as a central advocate for clinicians to protect and advance well-being at all levels. An institutional CWO would help guide and sustain efforts already underway so that all clinicians – and patients – can thrive.

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