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SHORT COMMUNICATION

WILEY

The Chief Wellness Officer: A long overdue catalyst for systemic change in Emergency Medicine

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Abstract

Goals: The American healthcare system is amid a burnout epidemic, worsened by COVID, that must be addressed expeditiously and with high priority. The burden Emergency Physicians encountered before and during the pandemic is well known, with countless healthcare workers exiting the work force. A Chief Wellness Officer (CWO) is a senior leader who works primarily to cultivate organisational wellness and to foster and promote a culture of well-being throughout an institution. Specifically, the CWO assists the health system leadership promote clinician engagement and address clinician burnout. This paper explores the status of existing CWOs, and cites the benefits, impacts, and barriers to implementation of a CWO, with focus on the field of Emergency Medicine (EM).

Methods: A steering committee of wellness experts was formed from a national EM organisation. A purposive search and literature review using search terms relating to CWOs was completed. Publications were examined for relevance and recency. The committee created an online questionnaire surveying current US CWOs, conducted personal interviews, and met through regular focused meetings. A framework delineating the role of a CWO as an organisation evolves from instituting novice wellness interventions to expert organisational innovations was created.

Principle Findings: Despite their title, CWOs are not regularly included in c-suite decisions. Barriers to instituting a CWO include perceived financial cost, the medical system itself, and physician resistance. Defining and measuring objective return on investment may be a solution to overcoming barriers. CWOs who create comprehensive institutional wellness innovations bring organisations to the highest proficient and expert levels of wellness practices, positively affecting physician engagement and deflecting burnout. CWOs instituting novice and beginner levels of wellness interventions, especially in EM, only modestly impact individual wellness practices.

Practical Applications: A CWO and team with an organisational voice and a C-suite stakeholder's seat are essential to centralising and leading effective wellness efforts and innovations in EM and other specialities. This team will improve the work environment and culture and begin to fix our broken healthcare system and providers.

KEYWORDS
Chief Wellness Officer, CWO, Emergency Medicine, physician burnout, provider well-being, wellness

Highlights

- Chief Wellness Officers (CWOs) are currently not included in major c-suite decisions.
- Centralising and leading effective wellness efforts and innovations in Emergency Medicine and other specialities will improve the work environment and culture and fix a broken healthcare system. This requires a CWO and team to have a voice in the organisation and a seat in the corporate suite.
- The medical system itself, the perceived financial expense, and physician resistance inside the organisation are the main obstacles to implementing a CWO.
- The American College of Emergency Physicians' Wellness Section supports the implementation and adoption of the concept of a CWO in healthcare, with the requirement that the CWO is given the necessary authority and resources to shift the system towards change.

1 | INTRODUCTION

The US healthcare system is in an unprecedented epidemic of burnout, a syndrome of depersonalisation, emotional exhaustion, and low personal accomplishment that results from exposure to chronic workplace stressors arising

from personal issues, the practice environment, and the healthcare system.[1] According to Medscape, the physician burnout rate in 2020 was 43%.[2]

Adverse occupational consequences associated with burnout include lower quality patient care,[3,4] increased medical error rates,[5] decreased patient satisfaction,[4] decreased job satisfaction,[3] increased physician turnover, with contribution to higher likelihood of clinical hour reduction in the following 24 months and leaving the field altogether.[6] There are substantial costs associated with physician clinical practice resignation that healthcare systems may not consider, such as emotional, occupational, and intellectual losses. The financial cost of recruiting, training, and lost revenues from physician loss was estimated to be approximately $1–2 million per full-time physician even 2 decades ago.[7] The most conservative estimate for replacing an Emergency Medicine (EM) physician is $160,000.[8]

As solutions to reduce clinician burnout are being sought, the power of leadership has been recognised as one of the critical organisational factors impacting well-being.[9] According to the American Hospital Association, leadership must commit to ensuring that clinician well-being is a strategic imperative, citing seven steps for organisational wellness.[10] The very first step involves creating an infrastructure that requires commitment from top leadership, noting that a culture change and a CWO are key to ensuring safety and well-being for patients and caregivers.[9,10]

This paper describes the CWO role, exploring status of existing CWOs, citing the benefits, impacts, and barriers to position implementation, with a focus on EM.

2 | METHODS

A steering committee of seven national organisational EM wellness experts was recruited to investigate roles, benefits, and impact of a CWO in an organisation. The committee implemented several qualitative research techniques including scoping literature review, focused group meetings, an online survey, and personal interviews.

The in-depth literature review used the search terms Chief Wellness Officer, CWO, wellness, EM, physician burnout, provider well-being. To assess the current state of CWOs, a 17-question internet-based anonymous survey was distributed through the American College of Emergency Physician's (ACEP) Wellness Section to CWOs or 'Wellness Champions' from various US institutions, with 5 respondents. These wellness leaders, hired by different departments, were employed by either the school of medicine or the healthcare system. Additionally, personal interviews of two current CWOs were conducted by two physicians in the expert consensus group to keep consistency in questions and prompting. Committee work continued with monthly conference calls to refine and examine the role of a CWO, barriers of instituting a CWO, and investigating how a CWO impacts the development of an organisation.

3 | DATA

Responses from the 17-question internet-based survey revealed that over half of the CWOs and wellness champions worked clinically ≥20% of their time in addition to their leadership roles. The remainder had no clinical duties. More than 50% published or presented scholarly work related to their position. The majority were not included in regular C-suite meetings and only a minority were considered equal voting members. Clinician and staff satisfaction were reported as the most important outcome measures used to assess efficacy of their role. All respondents agreed there was value in their position but felt there was not enough data to measure the return on investment (ROI). Over half indicated institutional leadership did not value the CWO role. Some CWOs felt their management should incorporate all staff, including nursing, while others felt it should be restricted to physicians and advanced practice providers.

Qualitative survey data demonstrated positive justification for a CWO especially during the current economic downturn and increased front line stress due to the coronavirus pandemic. Responses revealed that physicians felt that a CWO position would only be valuable if authority and resources were designated to them. Specific outcome measures have been proposed to assess the efficacy of the CWO role.[11,12]

The personal interviews conducted revealed additional insight into the role. Emergency physician, Dr. S. Bird, from the University of Massachusetts, commented that he had been granted the 'leeway to create the outcome measures, with input from my bosses including: (1) performance on our biannual Press Ganey engagement survey, (2) designing and performing a yearly wellness survey, (3) creation of a wellness coaching programme, and (4) creation of a peer support network.' (email communication, 18 June 2020). Dr. Bird further commented: 'there's a role for physicians knowing that there's someone (a CWO) there for them and working on making the environment better and allowing people to thrive. It sends the message that the administration cares about them and doesn't only care about RVU's'. Dr. Bird's sentiments matched previous research stating a CWO should focus on fixing the work environment and improving the culture, and not 'simply enable clinicians to work within a broken system.'[11]

In an interview with Dr. Jonathan Ripp (13 April 2021), the CWO at the Icahn School of Medicine at Mount Sinai, he described the CWO role as 'helping to steer the ship and being an influencer to keep the direction on track. CWOs should not be the sole entity responsible for improving metrics around well-being. There are many complex issues that affect well-being and areas with the largest impact require many resources and are challenging to change. Culture change and optimising efficiency improves well-being. CWOs develop the infrastructure, bring the expertise around measurement, and need to have process metrics that measure progress. To avoid being spread too thin, CWOs must partner with other leaders for programme delivery.'

4 | DISCUSSION

The healthcare organisation CWO is an integral member of the executive team: reporting directly to the Chief Executive Officer or Dean and working with other executives to deliver a comprehensive approach to wellness.[13] The CWO addresses systemic issues and institutes operational processes aimed at reducing physician burnout to promote practices that ensure physician well-being and engagement.[14] This role, determined by institutional logistics, is grounded in organisational expertise and optimally requires a team approach to implement interventions that espouse well-being from senior leadership down to the work unit level.[9,11,13] One article summarised the key responsibilities of a CWO focusing on strategic vision and planning, with development, implementation, and evaluation of system well-being initiatives and outcomes.[15]

An organisation's journey to address physician wellness follows a predictable pathway from novice/beginner to competent, followed by a proficient stage, and culminating in expert understanding when implementing changes that directly affect individual clinicians.[16] (Figure 1) The impact of these changes range from minor to transformative as the organisation progresses. Table 1 lists roles and responsibilities of a CWO demonstrating how a CWO matures with experience and organisational support, advancing the system from a novice to expert approach in clinician well-being.[15,16]

4.1 | Benefits and impact of CWO

Collating information from the literature review and qualitative data, the committee created a framework delineating the CWO role specifically in EM, with the same progression from novice to expert. These interventions are suggestive of the potential wellness benefits and impact a CWO would have in EM. The table outlines the more novice individual-based wellness programs frequently seen in organisations and erroneously considered by leadership to be major innovations. In contrast, more advanced and organisationally based interventions (ranging from proficient to expert) demonstrate that leadership understands clinician well-being is determined by systemic and organisational practices.

4.2 | Current state of the CWO adoption

In 2017, Stanford Medicine hired Tait Shanafelt, M.D. as the first healthcare CWO and created the Stanford Medicine CWO course, a workshop to train senior healthcare leaders in the principles of well-being and aid them in

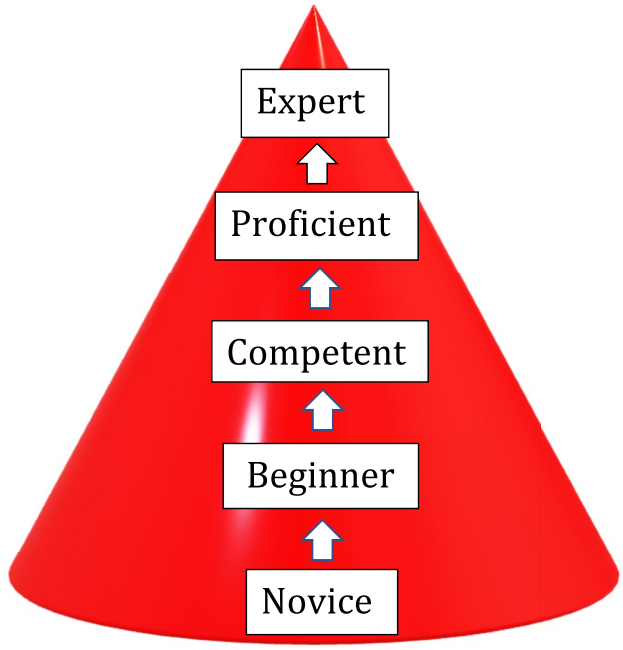

FIGURE 1 Progression of organisations as they develop and implement wellness practices. As organisations gain experience in innovative wellness practices, they mature from novice to expert status.

developing a strategic plan for their organisation.[18,19] Other institutions have followed suit and begun to address clinician well-being from an organisational lens by focusing on corporate suite (C-suite) innovations and implementations and have employed a CWO. However, regardless of high physician burnout rates and low professional satisfaction scores, more institutions have not created a CWO position, much less place an EM physician in that position, despite the speciality topping the charts on burnout rates.[12]

4.3 | Barriers to instituting a CWO

There are multiple barriers to instituting a CWO, the largest ones being financial cost and ROI. To effect substantive change, funding at 0.5–0.75 FTE along with an administrative team has been supported.[20] A recent paper showed that 18 of 21 CWOs had at least 50% protected time,[14] consistent with our survey. A well-run wellness programme with minimal investment, however, can have as high as a 6 to 1 ROI.[14,21]

The medical system itself may serve as an obstruction to CWO position creation due to non-recognition of burnout as a systemic issue, classifying it as cost-prohibitive and erroneously assigning blame to the individual physician.[14] However, medical systems may not recognise that CWO implementation does not conflict with organisational mission and goals. Physicians who feel respected and heard are more likely to endorse commonly defined objectives and strive to attain those targets, resulting in substantial dividends for the healthcare system.[14]

Physicians may display some hesitancy/resistance to the CWO role. Those experiencing burnout may cynically view this position because they do not believe earnest efforts will be employed to focus on the underlying systemic issues of the healthcare system to improve their work environment.[11] Distrust arises from the perception that the CWO will superficially address the pervasiveness of burnout without addressing the true concerns of the medical staff.[13] The proximity of the CWO to other healthcare executives also may limit the ability to create a connection with the medical staff.[11] The role of the CWO is to collaborate closely with other executive leaders, which may result in competition for resources and ability to influence the organisation.[15]

TABLE 1 Progression of novice to expert organizational Chief Wellness Officer (CWO) responsibilities with Emergency Medicine (EM) focused examples.

	Novice to beginner	Competent	Proficient to expert
CWO roles and responsibilities	• Likely no CWO appointment with responsibilities falling on staff or medical director • Some awareness that burnout exists • Rudimentary understanding of drivers in burnout and engagement	• Probable CWO appointment • Business case appreciated	• Probable to definite CWO appointment • Aligns operational objectives with well-being • Well-being plays central role in organisational decisions and function
Gathering and analysing data, monitoring and evaluating outcomes on physician engagement, professional fulfilment, and wellness markers	• Departmental surveys evaluating feelings of clinical staff • Recap of physician engagement during faculty retreat	• Assigned career mentor • Anonymous yearly surveys with focused intervention • Tracking wellness on continuum levels (green, yellow, orange, red) at shift start to indicate if intervention necessary • Focused effort on positive rewards and wins rather than punitive, for example, 'great saves'/'M and M' conferences	• ED and hospital leadership 360-degree evaluations • Use of flourishing indices[17] • Real time dashboard data collection
Supports physician well-being by working to obtain funding to create optimal ED working environment	• Meal for national physicians day • Ice cream socials for ED residents or staff • Staff lunch during high volumes	• Adequate nutrition/ coffee available 24/7 • Clinician designated food break during ED shifts • Nocturnal rest/ sleep breaks (optimal 40 min)[32] • Optimising organisational infrastructure: Ubiquitous scribes, available computers, ergonomic ED • Finance and staff support to ensure adequate call coverage • Staff support for optimal patient care • Advocacy for lactation room • ED administrator on call available for discussion of real time problems	• Additional clinical staff teams for high demand seasons (summer) to decrease work burden and/or mitigate FMLA or vacation shift gaps • Financial support for teaching and administrative duties • C-suite involvement solving real time ED surge incidents

TABLE 1 (Continued)

	Novice to beginner	Competent	Proficient to expert
Improves response to stress and trauma by building resiliency and coping skills in clinicians	• Yearly online required modules • Email reminders of stress/therapy resources	• Stress event debriefing with adequate time and resources to accomplish • Integrating discussion or meetings with chair regarding personal fulfilment and mental health into yearly review • Onboarding class incorporated in employee orientation for resilience training	• System wide peer support programme • Consider Balint training and scheduled meetings • Leadership training in participatory management • Trauma Recovery and Resilience programme • Spiritual Well-being Director • Wellness Council • Other communication training programs
Uphold high standards of professionalism across all departments of the hospital by encouraging and creating professional collegiality between departments	• Written policies without enforcement regarding consultation and escalation of care • Professionalism online employee orientation modules • Creation of admission or treatment pathways	• Creating and encouraging a culture of professionalism, collegiality, and respect • In person didactics on professionalism	• Established culture of professionalism and collegiality, with zero tolerance policy and enforcement for unprofessional behaviour • Skills practice training and simulation in professionalism with modelled behaviour
Coordinates and works with mental health leaders to decrease stigma and improves access to and awareness of mental health services	• Notification of services available (email, posters, wellness lectures) • Stress management emails • Notification of free therapy sessions • Yoga/meditation at conference	• Providing low/free cost, confidential mental health counselling	• Opt-out psychological counselling, minimum semi-annually and scheduled by department with shift coverage • Internal departmental formal review processes • Incorporating component of well-being into promotion process • Protected time and funding for mental health activities and wellness in the organisation

(Continues)

TABLE 1 (Continued)

	Novice to beginner	Competent	Proficient to expert
Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being	• Faculty retreats • Mindfulness training apps • Resources for nutrition and exercise • Residency wellness curriculum lectures	• Flexibility for clinical shift reduction if needed • Circadian scheduling • Paid vacations • Paid family leave • Well- defined pregnancy/family/ maternal/paternal leave policies • Weekend and night scheduling preference and benefits • Transparent Pay Policy (to avoid gender and age bias) • Credit for administrative time	• No forced overtime • Dedicated 20% time spent on interest/ niche in early career development • Creating funded programs for wellness interventions • Endowed wellness programs which create opportunities to help other organisations • Professional career coaching
Involvement and high understanding of ground-level issues	• Communication through emails and meetings with hands-off approach	• First-hand knowledge and real time evaluation of ED track board and waiting room • Regular communication between CWO and work unit level • CWO representation in the C-suite	• CWO is integral and voting member of the C-suite and should be a practicing physician in the ED
Utilises improvement science to assess interventions and track changes to report on ROI	• Quality improvement projects in the department	• C-suite members involved in touring the department • Use hospital data to reduce boarding • Evaluate EHR payment models	• Use hospital data and innovate strategies to eliminate boarding • Longitudinal leadership hierarchy tracking • Re-evaluate needs of staff biannually or annually • Track new initiatives quantitatively
Monitors and ensures safety for clinical staff	• Ensure staff safety from violence	• Comprehensive de-escalation strategies for ED violence • Zero tolerance for violence in ED • Coordinates and collaborates with disaster management team for programme development regarding high stress times in ED	• C-suite involvement in surge strategy implementation • Training of all staff in de-escalation and self-defence

Because the role is relatively new, the true organisational value and positive ROI may not be immediately appreciated, requiring patience from stakeholders.[13] Lastly, there is no data to suggest whether an academic EM CWO impacts the organisation more than a community EM based CWO.

4.4 | Overcoming barriers

Addressing the barriers for adoption and support by devoting adequate financial and time resources for both the CWO and wellness initiatives are critical to success. Without this support, change at the organisational level will be inadequate and cost ineffective. Measuring ROI is challenging. Improvement science to evaluate innovations which support well-being must be employed. Further research, utilising standardised tools with multi-variate analyses, is necessary to demonstrate which programs and interventions provide significant and lasting change. Organisations must accept accountability for provider burnout and grant the CWO authority to implement system changes. Physicians' buy-in and trust are essential. A CWO must have equivalent standing with fellow C-suite members, ensuring provider well-being has equal weight and magnitude to other corporate concerns.

5 | STUDY LIMITATIONS

Data collection from this study was qualitative via an internet-based survey, and therefore responses were not intended for statistical interpretation. Obtainment of a comprehensive list of all organisational wellness officers was difficult, contributing to a non-sampling error. Impassioned survey respondents were more likely to respond, potentially skewing results. Non-response error due to current time-constraints or disengagement may have occurred. In addition, the five online responses and two personal interviews may not be a representative sample. Ideally, every wellness officer from every organisation, regardless of size, community versus academic, financial status, regional location, and other demographics would be included.

6 | CONCLUSION

Burnout is an uncontrolled epidemic in healthcare, exaggerated by COVID, especially in EM. Organisations are at different stages in recognising clinician wellbeing as a vital metric and subsequently developing and launching wellness interventions.

CWOs operating at the lowest novice and beginner levels of wellness intervention development will affect only modest individual wellness practices. CWOs instituting comprehensive institutional wellness innovations bring organisations to the highest proficient and expert levels of wellness practices and positively impact functionality and engagement, known antidotes to burnout.

A CWO and team with a voice in the organisation and a seat in the c-suite are essential to centralising and leading effective wellness efforts and innovations in EM and other specialities. They will improve the work environment and culture, and lead to fixing a broken system.

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CONFLICT OF INTEREST STATEMENT

One author was the past chair of the wellness section committee and many authors are on the board or members of the wellness section committee and may be viewed as a conflict of interest. A small portion of funding was received from the ACEP board of directors, mentioned in the funding information section.

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